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l	Jason A. Imes, Esq., NV Bar No. 7030							
١	Schwartzer & McPherson Law Firm							
l	2850 South Jones Boulevard, Suite 1							
l	Las Vegas NV 89146-5308							
l	Telephone: (702) 228-7590							
	Facsimile: (702) 892-0122							
	E-Mail: <u>bkfilings@s-mlaw.com</u>							
l	Counsel for Lenard E. Schwartzer, Trustee							
ı								

#### UNITED STATES BANKRUPTCY COURT

#### DISTRICT OF NEVADA

In re:		Case No. BK-S	S-18-12662-ABL	
MEDIZONE INTERNATIONAL	L, INC.,	Chapter 7		
	Debtor.	or. OMNIBUS OBJECTION FOR AUTI TO DESIGNATE CERTAIN PROOF CLAIM AS SHAREHOLDER INTER (FRBP 3007(d))		
		Hearing Date:		
		Hearing Time:	9:30 a.m.	Į

LENARD E. SCHWARTZER, Chapter 7 Trustee (the "Trustee"), by and through his counsel, Schwartzer & McPherson Law Firm, files this Omnibus Objection to Designate Certain Claims as Shareholder Claims (the "Omnibus Objection") pursuant to Fed.R.Bankr.P. 3007(d).

The Trustee has identified 77 proofs of claim filed in this case by investors that should have been filed as proof of shareholder interests instead, so the Trustee requests that such claims be deemed proof of shareholder interests for purposes of distribution. The Trustee requests this omnibus relief instead of requiring each investor to withdraw the proofs of claims they have already filed and re-file proofs of shareholder interest. The claims to be designated as shareholder interests are set forth in this Omnibus Objection and listed in Exhibit "1" attached to this Motion.

This Omnibus Objection is supported by the Declaration of Lenard E. Schwartzer (the "Schwartzer Declaration") filed concurrently with this Omnibus Objection, and the following Points and Authorities. This Omnibus Objection is brought pursuant to FRBP 3007(d)(7) because the objection is based solely on the fact that these subject claims are shareholder interests rather than claims.

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#### I. JURISDICTION

The Court has jurisdiction over this matter pursuant to 28 U.S.C. §§ 157 and 1334. This is a core proceeding pursuant to 28 U.S.C. §157(b). Venue is proper before this Court pursuant to 28 U.S.C. §§ 1408 and 1409.

#### II. FACTUAL BACKGROUND

- 1. On April 18, 2018, creditors Edwin G. Marshall and Dr. Jill C. Marshall (collectively, the "Marshalls"), and creditors Ushio America, Inc. and Engineering CPR, Inc. (together with the Marshalls, the "Petitioning Creditors"), filed an involuntary petition under Chapter 11 the Bankruptcy Code against Debtor MEDIZONE INTERNATIONAL, INC. (the "Debtor") in Reno, Nevada, thereby commencing bankruptcy case number 18-50412-GWZ (the "Involuntary Chapter 11 Case").
- 2. On May 8, 2018, the Debtor filed its voluntary petition pursuant to Chapter 7 of the Bankruptcy Code in Las Vegas, Nevada, and Trustee Schwartzer was appointed to administer the Chapter 7 estate. The Involuntary Chapter 11 Case was subsequently dismissed.
- 3. The Debtor was a publicly traded company and financed its operations since inception primarily by the sale of its common stock in small private placements. Debtor's most recent Form 10-K annual report filed March 20, 2018, with the United States Securities and Exchange Commission, indicates it had 415,191,788 shares of common stock outstanding as of March 20, 2018.
- 4. The Trustee was authorized by this Court to operate the business for approximately 90 days from June 1, 2018 through August 31, 2018 [ECF No. 36], and was authorized to borrow up to \$200,000.00 from the Marshalls [ECF No. 40] to fund said operation pending sale of the estate's assets. The Trustee completed the necessary operation of the business, sold substantially all of the estate assets to ASEPTICSURE SCIENTIFIC, LLC [ECF No. 85], and repaid the postpetition loan from the Marshalls in full.
- 5. Upon review of the 93 proofs of claim filed in this case, the Trustee has identified 77 proofs of the claim that appear to assert shareholder capital stock interests in the Debtor rather than claims against the Debtor for money owed pursuant to a debt.

6. Shareholder equity rights from ownership of capital stock are categorized differently for purposes of distribution than proofs of claim for a debt, so the Trustee requests authorization to designate the following 77 proofs of claims (the "Shareholder Filings") as proofs of shareholder equity interests, rather than proofs of claim, for purposes of distribution:

Claim No.	Claimant	Date Filed	Amount Claimed
4	Hans Peter Peters	06/07/2018	\$ 86,250.00
7	Stephanie Freeman	06/26/2018	\$ 0.00
8	Tevon (Dedona) Davis, Tevon Mertz	06/25/2018	\$ 0.00
9	Thomas Booth Harris	06/25/2018	\$ 21,776.85
10	Robert A Kelley	06/25/2018	\$ 750.00
11	David E. Arthur	06/25/2018	\$ 500.00
12	Thomas Booth Harris	06/25/2018	\$ 21,776.85
13	Darlene M. Laino-Kuren	06/25/2018	\$ 0.00
14	Daniel Durica & Rosemary T. Durica JTTEN	06/25/2018	\$ 2,500.00
15	John S. and Sally J. Washburn JT TEN	06/26/2018	\$ 0.00
16	Batty A. and Cynthia L. Fadden	06/26/2018	\$ 0.00
17	Nancy E. Miller	06/27/2018	\$ 500.00
18	Stephanie Freeman	06/28/2018	\$ 0.00
19	Dorothy J. Jackson	06/28/2018	\$ 500.00
20*	Richard L. and Lorna J. Johnson	06/28/2018	\$ 0.00
21	Thelma Jo Bennett, Theodore Grant Bennett (deceased)	06/29/2018	\$ 0.00
22	Greg M. Conger	07/02/2018	\$ 10,699.48
23	The Sunset Trust, Maud P. Leonard, deceased, Russell L. Leonard	07/02/2018	\$ 0.00
24	Patsy Wong	07/02/2018	\$ 955.63
25	Joel Savitch	07/02/2018	\$ 0.00
26	Deborah L. Perri	07/02/2018	\$ 0.00
27	Guenter B. Moldzio, c/o Andria Moldzio, Trustee	07/02/2018	\$ 5,000.00
28	Carla G. Brunner	07/02/2018	\$ 100.00
29	Manuel Perea	07/05/2018	\$ 500.00

# SCHWARTZER & MCPHERSON LAW FIRM 2850 South Jones Boulevard, Suite 1 Las Vegas, Nevada 89146-5308 Tel: (702) 228-7590 · Fax: (702) 892-0122

30	Peter and Sheila DiPiazza	07/05/2018	\$ 0.00
31	George James Kamoutsis	07/06/2018	\$ 500.00
32	Bruce Oryson	07/11/2018	\$ 761.00
33	Elaine Parenteau	07/12/2018	\$ 500.00
35	Joseph V. Martin	07/13/2018	\$ 575,000.00
36	Harriet Gertner	07/13/2018	\$ 0.00
37	Erika Varble	07/16/2018	\$ 951.60
38	Thelma Jo Bennett, Theodore Grant Bennett (deceased)	07/16/2018	\$ 72,350.00
39*	Daniel M. Newman	07/16/2018	\$ 0.00
40	Timothy R. Ryan	07/16/2018	\$ 3,000.00
41	William Leslie Stoodard	07/17/2018	\$ 0.00
44*	Vincent Fam. Trust	07/19/2018	\$ 10,000.00
45	Valery Warble	07/20/2018	\$ 951.60
47	David Anthony Gaughan	07/20/2018	\$ 1641.20
48	Arthur Allison Wills III	07/23/2018	\$ 0.00
49	Billy Erwin	07/26/2018	\$ 151,500.00
50	Brian Couture	07/26/2018	\$ 261,500.00
51	Peter Schoener	07/27/2018	\$ 83,000.00
52	Jacqueline Rose	07/30/2018	\$ 633.00
53	Fred Schneider	07/30/2018	\$ 441.00
54	Donald G. Smith	07/31/2018	\$ 750.00
55*	Donna M. Teada	08/01/2018	\$ 0.00
57	Lawrence Walter Cooke & Constance Mary Cooke JT TEN	08/03/2018	\$ 11,665.00
58*	Betty Jane Cecil	08/06/2018	\$ 5,020.00
59	Kathryne O'Connell	08/06/2018	\$ 52,000.00
60	Ronald R. Coomber & Claire T. Coomber JTWROS	08/07/2018	\$ 36,599.00
61	Jim Carroll	08/13/2018	\$ 10,000.00
62	Nancy A. Penza	08/13/2018	\$ 0.00
63	James Bellman, Deneen Bellman	08/13/2018	\$ 11,502.10
64*	Ruby M. Boecker	08/13/2018	\$ 1,000.00

65	James Richard Campbell	08/17/2018	\$ 0.00
66	Peter M. Mullarkey & Annette J. Mullarkey	08/17/2018	\$ 6,500.00
67	Thomas G. Beaumont, Mary B. Beaumont	08/20/2018	\$ 500.00
69	Cindy Shelter Varble	08/29/2018	\$ 951.60
70	Dyke R. Varble	08/29/2018	\$ 951.60
71	Linda Patow	08/29/2018	\$ 10,000.00
73	Robert McGuire	09/04/2018	\$ 0.00
77	Henry L. Kozloski	09/10/2018	\$ 800.00
78	Joseph Gehebe	09/07/2018	\$ 750.00
79	Sherry M. Adler	09/10/2018	\$ 2,300.00
81	Kenneth D. Holroyd	09/11/2018	\$ 22,000.00
82	Joasia Carson	09/12/2018	\$ 0.00
83*	Dana Guertin	09/13/2018	\$ 1,500.00
84*	Morgan and Ruth O'Shea	09/13/2018	\$ 540.00
85	Maribeth Kambitsch	09/13/2018	\$ 3,647.76
86	Catherine M. Campigno & Anthony M. Campigno	09/14/2018	\$ 425.00
87	Rudolph K. Paulsen, Jr.	09/14/2018	\$ 581.25
88	Ronald St. John	09/14/2018	\$ 0.00
89	Solomon Volen & Irma Volen JT TEN	09/21/2018	\$ 200.00
90	David M. Krombeen	09/24/2018	\$ 12,880.00
91	Renee Paulson	09/27/2018	\$ 250,000.00
92*	Pauline L. King	01/28/2019	\$ 0.00
93	Paul D. Borchadt and Paula R. Borchadt	02/07/2020	\$ 30,595.00

\*Nine of these Shareholder Filings (marked with \*) do not expressly state they are shareholder interests, but the Trustee has determined these claims represent shareholder interests based on available information.

The first page from each of the Shareholder Filings is attached in numerical order 6. as Exhibit "2."

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III. MEMORANDUM OF LA	III.	MEN	MOR	AND	UM	OF	LA	W
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#### Creditor 'Proof of Claim' vs. Shareholder 'Proof of Interest' Α.

The Bankruptcy Code differentiates a proof of claim from proof of an equity security interest. Under the Bankruptcy Code, a "claim" is defined as a "right to payment ... or ... an equitable remedy." 11 U.S.C. §101(5). An "equity security," by contrast, is a "share in a corporation, whether or not transferrable or denominated 'stock,' or similar security," or a "warrant or right, other than a right to convert, to purchase, sell, or subscribe to [such an interest]." Id. §101(16)(A), (C). Thus, an interest in an equity security (which in this case includes shareholders) is distinct from a claim to a right to payment or an equitable remedy. Parties with "claims" against a debtor are "creditors," Id. §101(10), and those with "equity securities" of the debtor (i.e., shareholders) are "equity security holders," Id. § 101 (17).

11 U.S.C. §501(a) states that "a creditor or an indenture trustee may file a proof of claim. An equity security holder may file a proof of interest." §501(a)(emphasis added). In this case, however, it appears numerous shareholders of the Debtor have filed proofs of claim rather than proofs of interest. To facilitate distribution, the Trustee submits this omnibus request to designate these Shareholder Filings as proofs of interest for purposes of distribution, rather than impose a burden on these investors to withdraw their proofs of claim and refile them as proofs of interest.

The Ninth Circuit Bankruptcy Appellate Panel has sanctioned this approach, noting that if an equity security holder, "out of confusion," "file[s] [a] proof[] of claim"—instead of a proof of interest—the claim is "properly disallowed" as "duplicative" of a proof of interest. USA Capital Realty Advisors, LLC v. USA Capital Diversified Trust Deed Fund, LLC (In re USA Commercial Mortg. Co.), 377 B.R. 608, 615 (B.A.P. 9th Cir. 2007).

In such a situation, the chapter 7 trustee may file an omnibus objection to such claims "on the ground they are 'interests, rather than claims.' Fed. R. Bankr. P. 3007(d)(7)." In re Lehman Bros. Holdings Inc., 855 F.3d 459, 469–70 (2d Cir. 2017)

The Trustee has not identified any basis to object to the numbers of shares claimed in each Shareholder Filing.

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Las Vegas, Nevada 89146-5308 Tei: (702) 228-7590 · Fax: (702) 892-0122 

#### IV. CONCLUSION

Based upon the foregoing, the Trustee requests entry of an Order of this Court pursuant to Fed.R.Bankr.P 3007 that the Shareholder Filings identified in this Motion and in attached **Exhibit** "1" shall be deemed timely filed proofs of shareholder equity security interests rather than proofs of claim for purposes of distribution.

A proposed form of Order is attached to this Motion as Exhibit "3."

Dated: April 21, 2020.

/s/ Jason A. Imes

Jason A. Imes, Esq.
Schwartzer & McPherson Law Firm
2850 S. Jones Boulevard, Suite 1
Las Vegas, NV 89146
Counsel for Lenard E. Schwartzer, Trustee

### EXHIBIT "1"

# SCHWARTZER & MCPHERSON LAW FIRM 2850 South Jones Boulevard, Suite 1 Las Vegas, Nevada 89146-5308 Tel: (702) 228-7590 · Fax: (702) 892-0122

#### **EXHIBIT 1**

#### PROOFS OF CLAIM TO BE DESIGNATED AS PROOFS OF SHAREHOLDER INTERESTS

Claim No.	Claimant	Date Filed	Amount Claimed
4	Hans Peter Peters	06/07/2018	\$ 86,250.00
7	Stephanie Freeman	06/26/2018	\$ 0.00
8	Tevon (Dedona) Davis, Tevon Mertz	06/25/2018	\$ 0.00
9	Thomas Booth Harris	06/25/2018	\$ 21,776.85
10	Robert A Kelley	06/25/2018	\$ 750.00
11	David E. Arthur	06/25/2018	\$ 500.00
12	Thomas Booth Harris	06/25/2018	\$ 21,776.85
13	Darlene M. Laino-Kuren	06/25/2018	\$ 0.00
14	Daniel Durica & Rosemary T. Durica JTTEN	06/25/2018	\$ 2,500.00
15	John S. and Sally J. Washburn JT TEN	06/26/2018	\$ 0.00
16	Batty A. and Cynthia L. Fadden	06/26/2018	\$ 0.00
17	Nancy E. Miller	06/27/2018	\$ 500.00
18	Stephanie Freeman	06/28/2018	\$ 0.00
19	Dorothy J. Jackson	06/28/2018	\$ 500.00
20*	Richard L. and Lorna J. Johnson	06/28/2018	\$ 0.00
21	Thelma Jo Bennett, Theodore Grant Bennett (deceased)	06/29/2018	\$ 0.00
22	Greg M. Conger	07/02/2018	\$ 10,699.48
23	The Sunset Trust, Maud P. Leonard, deceased, Russell L. Leonard	07/02/2018	\$ 0.00
24	Patsy Wong	07/02/2018	\$ 955.63
25	Joel Savitch	07/02/2018	\$ 0.00
26	Deborah L. Perri	07/02/2018	\$ 0.00
27	Guenter B. Moldzio, c/o Andria Moldzio, Trustee	07/02/2018	\$ 5,000.00
28	Carla G. Brunner	07/02/2018	\$ 100.00
29	Manuel Perea	07/05/2018	\$ 500.00
30	Peter and Sheila DiPiazza	07/05/2018	\$ 0.00
31	George James Kamoutsis	07/06/2018	\$ 500.00

# SCHWARTZER & MCPHERSON LAW FIRM 2850 South Jones Boulevard, Suite 1 Las Vegas, Nevada 89146-5308 Tel: (702) 228-7590 · Fax: (702) 892-0122

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32	Daniel Owigen	07/11/2019	¢.	7(1.00
	Bruce Oryson	07/11/2018	\$	761.00
33	Elaine Parenteau	07/12/2018	\$	500.00
35	Joseph V. Martin	07/13/2018	\$	575,000.00
36	Harriet Gertner	07/13/2018	\$	0.00
37	Erika Varble	07/16/2018	\$	951.60
38	Thelma Jo Bennett, Theodore Grant Bennett (deceased)	07/16/2018	\$	72,350.00
39*	Daniel M. Newman	07/16/2018	\$	0.00
40	Timothy R. Ryan	07/16/2018	\$	3,000.00
41	William Leslie Stoodard	07/17/2018	\$	0.00
44*	Vincent Fam. Trust	07/19/2018	\$	10,000.00
45	Valery Warble	07/20/2018	\$	951.60
47	David Anthony Gaughan	07/20/2018	\$	1641.20
48	Arthur Allison Wills III	07/23/2018	\$	0.00
49	Billy Erwin	07/26/2018	\$	151,500.00
50	Brian Couture	07/26/2018	\$	261,500.00
51	Peter Schoener	07/27/2018	\$	83,000.00
52	Jacqueline Rose	07/30/2018	\$	633.00
53	Fred Schneider	07/30/2018	\$	441.00
54	Donald G. Smith	07/31/2018	\$	750.00
55*	Donna M. Teada	08/01/2018	\$	0.00
57	Lawrence Walter Cooke & Constance Mary Cooke JT TEN	08/03/2018	\$	11,665.00
58*	Betty Jane Cecil	08/06/2018	\$	5,020.00
59	Kathryne O'Connell	08/06/2018	\$	52,000.00
60	Ronald R. Coomber & Claire T. Coomber JTWROS	08/07/2018	\$	36,599.00
61	Jim Carroll	08/13/2018	\$	10,000.00
62	Nancy A. Penza	08/13/2018	\$	0.00
63	James Bellman, Deneen Bellman	08/13/2018	\$	11,502.10
64*	Ruby M. Boecker	08/13/2018	\$	1,000.00
65	James Richard Campbell	08/17/2018	\$	0.00
66	Peter M. Mullarkey & Annette J. Mullarkey	08/17/2018	\$	6,500.00
67	Thomas G. Beaumont, Mary B. Beaumont	08/20/2018	\$	500.00

## SCHWARTZER & MCPHERSON LAW FIRM 2850 South Jones Boulevard, Suite 1 Las Vegas, Nevada 89146-5308 Tel: (702) 228-7590 · Fax: (702) 892-0122

69	Cindy Shelter Varble	08/29/2018	\$	951.60
70	Dyke R. Varble	08/29/2018	\$	951.60
71	Linda Patow	08/29/2018	\$	10,000.00
73	Robert McGuire	09/04/2018	\$	0.00
77	Henry L. Kozloski	09/10/2018	\$	800.00
78	Joseph Gehebe	09/07/2018	\$	750.00
79	Sherry M. Adler	09/10/2018	\$	2,300.00
81	Kenneth D. Holroyd	09/11/2018	\$	22,000.00
82	Joasia Carson	09/12/2018	\$	0.00
83*	Dana Guertin	09/13/2018	\$	1,500.00
84*	Morgan and Ruth O'Shea	09/13/2018	\$	540.00
85	Maribeth Kambitsch	09/13/2018	\$	3,647.76
86	Catherine M. Campigno & Anthony M. Campigno	09/14/2018	\$	425.00
87	Rudolph K. Paulsen, Jr.	09/14/2018	\$	581.25
88	Ronald St. John	09/14/2018	\$	0.00
89	Solomon Volen & Irma Volen JT TEN	09/21/2018	\$	200.00
90	David M. Krombeen	09/24/2018	\$	12,880.00
91	Renee Paulson	09/27/2018	\$	250,000.00
92*	Pauline L. King	01/28/2019	\$	0.00
93	Paul D. Borchadt and Paula R. Borchadt	02/07/2020	\$	30,595.00
			•	

### EXHIBIT "2"

#### Case 18C1a266128a1b126612deb1.88ClaffmteredF10Ed00562007110840:12.0age Plaggfe313 of 98

Fill in this information to identify the case:						
Debtor 1 MEDIZONE INTERNATIONAL, INC.						
Debtor 2						
(Spouse, if filing)						
United States Bankruptcy Court						
Case number: 18–12662						

FILED
U.S. Bankruptcy Court
District of Nevada
6/7/2018
Mary A. Schott, Clerk

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim									
1.Who is the current creditor?	HANS PETER PETERS								
orealter.	Name of the current creditor (the person or entity to be paid	d for this claim)							
	Other names the creditor used with the debtor pls change house number from ' 16 ' to ' 12 '								
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?								
3.Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)							
and payments to the creditor be sent?	HANS PETER PETERS	hans peter peters							
Federal Rule of	Name	Name							
Bankruptcy Procedure (FRBP) 2002(g)	VIVTORIAWEG 16 61350 BAD HOMBURG GERMANY	viktoriaweg 12							
	ODAM I VI	bad homburg – Germany, 61350							
	Contact phone0049 6172 84282	Contact phone0049617284282							
	Contact email	Contact email							
	petershanspeter2@yahoo.com	petershanspeter2@yahoo.com							
	Uniform claim identifier for electronic payments in chapter	13 (if you use one):							
4.Does this claim amend one already filed?	No No Yes. Claim number on court claims registry (if know	/n) Filed on							
- 5		MM / DD / YYYY							
5.Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?								

Official Form 410 Proof of Claim page 1

#### Case 18C1a266128a1b126612deb1.88Claffmt@redF10ed0056226110840:12.0age Plaggfe314 of 98

Fill in this information to identify the case:			
Debtor 1 MEDIZONE INTERNATIONAL, INC.			
Debtor 2			
(Spouse, if filing)			
United States Bankruptcy Court			
Case number: 18-12662			

FILED
U.S. Bankruptcy Court
District of Nevada
6/26/2018

Mary A. Schott, Clerk

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim				
1.Who is the current creditor?	STEPHANIE FREEMAN			
o. Gallo. I	Name of the current creditor (the person or entity to be paid	for this claim)		
	Other names the creditor used with the debtor			
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?			
3. Where should notices and payments to the	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)		
creditor be sent?	STEPHANIE FREEMAN			
Federal Rule of	Name	Name		
Bankruptcy Procedure (FRBP) 2002(g)	664 E 6TH ST MESA AZ 85203–7107			
	Contact phone602-317-2644	Contact phone		
	Contact email <u>stephanie.gardner@avnet.com</u>	Contact email		
	Uniform claim identifier for electronic payments in chapter	13 (if you use one):		
4.Does this claim amend  No  No  No  No  No  No  No  No  No  N		n) Filed on		
5.Do you know if anyone M No				
5.Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?			

Official Form 410 Proof of Claim page 1

Fill in this information to identify the case:	Z.
Dablor 1 Medizone International Inc.	$E_{i}^{i}$
Debtor 2 (Spouse, if filing)	2019 JUN 6
United States Bankruptcy Court for the:District of Nevada Case numberBK-5 18-12662-LETS	U.S. DATE MARY A.S

RECENTED
AND FILED

MPC

2018 JUN 25 PM 2 36

U.S. DETTEMBER I FORURT MARY A. COCO, A. CLERK

#### Official Form 410

#### **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

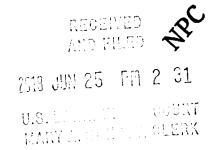
Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	and H Identify the C				
1.	Who is the current creditor?	Tevon (DeDona) MER  Name of the current creditor (the person or entity to be paid for this clai  Other names the creditor used with the debtor	m)		
2.	Has this claim been acquired from someone else?	SEKNo ☐ Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Tevon MERTZ  Name  (004 Wilcox  Number Street  Rochester MI 48307  City State ZIP Code	Where shou different)  Name  Number  City	id payments to the creditor be Street	ziP Code
The state of the s		Contact phone 248 6505299  Contact email	Contact email		
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on MM / DD	/ YMY
5.	Do you know if anyone else has filed a proof of cialm for this claim?	No Yes. Who made the earlier filing?			The state of the s

Official Form 410

**Proof of Claim** 

Fill in this inf	formation to identify the case:
Debtor 1	Medizone International Inc.
Debtor 2 (Spouse, if filing)	1
United States B	BK-S 18-12662-LEB



#### **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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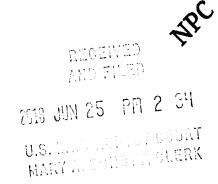
Fill in all the information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

,	Identify the Ci	aim	
1.	Who is the current creditor?	Name of the current creditor (the person of entity to be paid for this claim.) Other names the creditor used with the debtor 1300 th	Harri 5
2.	Has this claim been acquired from someone else?	No Ses. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Thomas Booth Harris  Name  5350 Handbury ST  Number Street  QUIVA CA 93003  City State ZIP Code  Contact phone 805 479-1333  Contact email  Tharrs Ovadrunner. Com  Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different)  Lowas Booth Harris  Sasto Wood bury ST  Number Street  Len ura CA 93003  City State ZIP Code  Contact phone 905 479-1333  Contact email Ebharris @ Youdrunner.  Lo m.  e one):
4.	Does this claim amend one already filed?	No Ses. Claim number on court claims registry (if known)	Filed on MM / DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Ses. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 

Fill in this	information to identify the case:
Debtor 1	ROBERT A. KELLEY
Debtor 2 (Spouse, if fill	ng)
United State	ss Bankruptcy Court for the: District of NE VADA
Case number	BK-5 18-12662-LEB



#### **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Ci	aim					
Who is the current creditor?	CONTRACTOR CONTRACTOR OF THE C					
Has this claim been acquired from someone else?	No Yes. From whom?					
Where should notices and payments to the creditor be sent?	Whe		Where should different)	d payments to the c	reditor be se	nt? (if
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Mr Robert A Kelley Numb 1860 Leonard St NW		Name	Street		
	Grand Rapids MI 49504-3970  City State	ZIP Code	City	State	<u></u>	ZIP Code
	Contact phone 616-453-2833  Contact email		Contact phone Contact email			
	Uniform claim identifier for electronic payments in chap	pter 13 (if you us	se one):			
4. Does this claim amend one already filed?	No Q Yes. Claim number on court claims registry	(if known)		Filed on	// DD / 1	<b>YYY</b>
5. Do you know if anyone else has filed a proof of claim for this claim?	No Pres. Who made the earlier filing?					

Official Form 410

**Proof of Cialm** 

Fill in this inform	Fill in this information to identify the case:		
Debtor 1 ATE	VIZONE INTERNATIONAL		
Debtor 2 (Spouse, if filing)	(251/2615		
United States Bankr	iptcy Court for the: 435 VeG 15 District of NeVADA		
	(5 18-12662-LEB		

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#### Official Form 410

#### **Proof of Claim**

04/16

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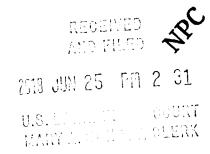
Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

I	Part 1: Identify the Claim				
1.	Who is the current creditor?	DAVIDE BLTGSR  Name of the current creditor (the person or entity to be paid for this clai  Other names the creditor used with the debtor	•		
2.	Has this claim been acquired from someone else?	☑ Yes. From whom?			
	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  \[ \begin{align*} \text{OH VID E ARTHUR} \\ \text{Name} & \text{9-475-57.} \\ \text{Number Street} & \text{VAND LING, FB. 18421} \\ \text{City State} & \text{ZIP Code} \\ \text{Contact phone} & \text{570-785-2617} \\ \text{Contact email} & \text{Uniform claim identifier for electronic payments in chapter 13 (if you use)} \end{align*}	Name  Number  City  Contact phone  Contact email	Street  State	ZIP Code
4.	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)		Filed on MM / DD / Y	· · · · · · · · · · · · · · · · · · ·
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Ses. Who made the earlier filing?			

Official Form 410

Proof of Claim

Fill in this inf	formation to identify the case:
Debtor 1	Medizone International Inc.
Debtor 2 (Spouse, if filing)	1
United States B	BK-S 18-12662-LEB



#### **Proof of Claim**

04/16

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Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

1	Part is Identify the Ci	alm	
1.	Who is the current creditor?	Name of the current creditor (the person of entity to be paid for this clair  Other names the creditor used with the debtor  1300 th	Harri 5
2.	Has this claim been acquired from someone else?	No Pres. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Thomas Booth Harris  Name  5350 Moodbury 57  Number Street  QNTUYA CA 93003  City State ZIP Code  Contact phone 805 479-1333  Contact email  Thomas Rose Paradrumer Com  Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different)  Thewas Booth Hay ris  Sasto Wood bury ST  Number Street  Very Ura CA 93003  City State ZIP Code  Contact phone 905 479-1333  Contact email Ebharris Orpadrumer.  Lo m.
4.	Does this claim amend one aiready filed?	☑ No ☐ Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Ses. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:	RECIPTED	JP(
Debtor 1	and FILED	Mr.
Debtor 2 (Spouse, if filing)	2518 JUN 25 PM <b>2</b>	33
United States Bankruptcy Court for the: District of	U.S. 11771 1164 11 1 000	URT
Case number	MANY ALTONOMA, GL	ERK

#### **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

ŀ	Identify the C	aim
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor Darlene M. Lain U
2.	Has this claim been acquired from someone else?	☑ No □ Yes. From whom?
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Where should payments to the creditor be sent? (if different)  Darlene Milaino-Kuren  Name  Name  Number Street  Number Street  City State ZIP Code  Contact phone  Contact phone  Contact email  Optonine  Uniform claim identifier for electronic payments in chapter 13 (if you use one):
4.	Does this claim amend one aiready filed?	No Piled on Filed on MM / DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?

Official Form 410

Proof of Claim

#### Case 16:43:4642-4216622-beeb 18:61 | laiEmfleted F0 | lai

Debtor 1	DANIEL DURIOR
Debtor 2 (Spouse, if filing)	ROSEMARY T. DURICA
United States E	Sankruptcy Court for the: District of NEVADA
United States E Case number	Bankruptcy Court for the: District of NEVILUA  BK-5 18-1262-LEB

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2018 JUN 25 PM 2 36

U.S. E MARY A. SOMOTT, CLERK

#### Official Form 410

#### **Proof of Claim**

04/16

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Fill in all the Information about the ciaim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)
	Other names the creditor used with the debtor
Has this claim been acquired from someone else?	Yes. From whom?
Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  Where should payments to the creditor be sent? (if different)  DAULEL DURICA
Bankruptcy Procedure (FRBP) 2002(g)	SAMUEL WOOD WORTH ED.
(FRBF) 2002(g)	Number Street No. WC() MA 02061
	City State ZIP Code City State ZIP Cod
	Contact phone 781 - 659 - 7725 Contact phone
	Contact email bean Town 60 ME, Contact email
	Contact email Deantown 60 ME, Contact email
Does this claim amend one already filed?	Contact email Deantown 60 ME, Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):  Yes. Claim number on court claims registry (if known)  Filed on

Debtor 1	WASHBURN	
Debtor 2	John S. WASHBURN Sally J. Washburn	
(Spouse, if filing) United States Bankru	1/2/21	

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2018 JUN 26 PM 1 26

U.S. LAMBER COURT
MARY A SCHOTT, CLERK

Official Form 410

#### **Proof of Claim**

04/16

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Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

VAIN- In the assessment	1) (4) (1)			
Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this country of the current creditor used with the debtor	J. Was hown		
Has this claim been acquired from someone else?	☐ Yes. From whom?			
Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)  Name		
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	GOLEGUE 6215. SURREYLN.			
	Carbondale, IL. 62901	Number Street		
	City State ZIP Code  Contact phone 618 - 924 - 2576	City State ZIP Code  Contact phone		
	Contact email jwashesiv. edu	Contact email		
	Uniform claim identifier for electronic payments in chapter 13 (if you o	use one):		
Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on		
	,	MM / DD / YYYY		
Do you know if anyone else has filed a proof of claim for this claim?	No Ses. Who made the earlier filing?			

Official Form 410

Proof of Claim

Fill in this information to identify the case:		R	ECE	VED		
Debtor 1 Barry A. Fadden		Α	ND F	ILED		
Debtor 2 (Spouse, If filing) Cynthiak. FADDEN	2018	JUN	26	PM	1	4(
United States Bankruptcy Court for the:  District of  Case number  BK-5 18 12662-LEB	U.S.	. 1 RY A.	CON	0TT.	GL	OUR ER

#### **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

,	artific identify the C	aim
1.	Who is the current creditor?	Barry A + Cynthia A Fa Lien  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor
2.	Has this claim been acquired from someone else?	Yes. From whom?
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Where should payments to the creditor be sent? (if different)  Name  Source Contact phone  Contact phone  Uniform claim identifier for electronic payments in chapter 13 (if you use one):
4.	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)  Filed on  MM / DD / YYYY
5	Do you know if anyone else has flied a proof of claim for this claim?	No Yes. Who made the earlier filing?

Official Form 410

**Proof of Claim** 

Case 16:42642-42662-beeb1861aiEmfe6redF066/05/2/05/2:40:170ageP1age6224 of 98 Medizon e International Fill in this information to identify the case: Debtor 1 Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: Official Form 410 **Proof of Claim** 04/16 Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments. mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available. explain in an attachment. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571. Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received. Part 1: **Identify the Claim** Who is the current creditor? Other names the creditor used with the debtor Has this claim been Q No acquired from ☐ Yes. From whom? someone else? Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Uniform claim identifier for electronic payments in chapter 13 (if you use one): No No Does this claim amend one already filed? ☐ Yes. Claim number on court claims registry (if known). Filed on Do you know if anyone 2 No else has filed a proof Yes. Who made the earlier filling? of claim for this claim? RECEIVED AND FILED JUL 05 2018 **Proof of Claim** Official Form 410 page 1

> U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Fill in this information to identify the case:	
Debtor 1 MCUZONETHEMAtural	AND FILED <b>DLS</b>
Debtor 2 (Spouse, if filing)	<del></del>
United States Bankruptcy Court for the: District of	2013 JUN 27 PM 1 12
Official Forms 440	U.S. D. GO GO GOURT  MARY A. FOREST, DLERK

#### **Proof of Claim**

Identify the Claim

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

. Who is the current creditor?	Name of the current freditor (the person or entity to be paid for this cla	aim)		
. Has this claim been acquired from someone else?	Mo □ Yes. From whom?			
Where should notices and payments to the creditor be sent?		Where shou different)	id payments to the credite	or be sent? (if
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Nansy E. Miller 302 Cottonwood Way N	Name	**************************************	
( · · · · · , · · · · · · · · · · · · ·	Number Street  Monmouth OR 97361 City State ZiP Code	Number	Street	ZIP Code
	Contact phone 503-838-0721	City  Contact phone		
	Contact email <u>lady nanmil@Icloud</u> , Lom	Contact email		<del></del>
	Uniform claim identifier for electronic payments in chapter 13 (if you us	se one):		
. Does this claim amen one aiready filed?	No Yes. Claim number on court claims registry (if known)		Filed on	DD / YYYY
Do you know if anyon else has filed a proof of claim for this claim	Yes Who made the earlier filling?			e men hall ne kenne i sept e men e step e men e i se e men

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:	
Debtor 1 Stephense Freeman  Debtor 2	> Clastinaine now Gardner
(Spouse, if filing)  United States Bankruptcy Court for the: District of New Ja-	2518 JUN 28 PM 12 51 EGP
Case number BK-S 18.12462 - LEB	U.S. 1 POCK COURT MARN AL DOMESTS, CLERK

#### **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1:	identify the C	laim			
1. Who is credite	the current or?	Stephanie Freeman (Name of the current creditor (the person or entity to be paid for this class)  Other names the creditor used with the debtor None	im)	Frame is:	Gardner
acquir	is claim been ed from ne else?	No Yes. From whom?			
and pa credito Federa Bankru	should notices lyments to the or be sent? I Rule of ptcy Procedure 2002(g)	Stephanie Freeman Gars Name  CLY East Cth Street  Number Street  Arizona 85203	different) Name	arne	
		City State ZIP Code  Contact phone 602-317-2644  Contact ernail  Stephanie - gardner @ avnet. Contact ernail  Uniform claim identifier for electronic payments in chapter 13 (If you us	•	State	ZIP Code
	nis claim amend eady filed?	No N		Filed on	/ YYYY
else ha	know if anyone is filed a proof in for this claim?	No No Mho made the earlier filing?		4. 14. 14. 14. 14. 14. 14. 14. 14. 14. 1	

Official Form 410

**Proof of Claim** 

Fill in this inf	ormation to identify the case:	
Debtor 1	mentione phenoaternal	
Debtor 2 (Spouse, if filing) United States Ba	ankruptcy Court for the: 10 -12142	
Case number		

2618 JUN 28 PM 12 53 U.S. Line 19. MARY A. COUDER OLERK

#### Official Form 410

#### **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

1	identify the C	aim
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor
2.	Has this claim been acquired from someone else?	No Pes. From whom?
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Where should payments to the creditor be sent? (if different)  Name  Name  Name  Number  Street  Street  Street  City  State  ZIP Code  Contact phone  Contact phone  Contact email  Uniform claim identifier for electronic payments in chapter 13 (if you use one):
4.	Does this claim amend one already filed?	Yes. Claim number on court claims registry (if known) Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No U Yes. Who made the earlier filing?

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:	1 manual made
Debior 1 RICHARD L JOHNSON	Mechine International
Debtor 2 (Spouse, If filing)	RECEIVED AND FILED
United States Bankruptcy Court for the: District of NEVADA  Case number BK - S 18 - 12662 - LEB	2018 JUN 28 PFI 12 5 <b>ÆGP</b>
Official Form 410	U.S. BANGE I BOURT MARY A SOME ELECT

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify	y the Claim	
Who is the curred creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor	Lorna J Johnson
Has this claim be acquired from someone else?	W No	
3. Where should no and payments to creditor be sent? Federal Rule of Bankruptcy Proced (FRBP) 2002(g)	MR + MR5 Richard Lane Johnson Name  64 49 AVE Number Street  City Thouth MA 02360 City State ZIP Code City  Contact phone Con	State ZIP Code tact phone
Does this claim a one aiready flied*		Filed on
Do you know if an else has filed a p of claim for this c	roof Ves Who made the earlier filing?	-

Official Form 410

**Proof of Claim** 

**Proof of Claim** 

page 1

04/16

Fill in this information to identify the case:		
Debtor 1 The ma Ja Bennett	State of the spaces	•
Debtor 2 Theodore Grant Bennett (dec	eased)	3PC
United States Bankruptcy Court for the metandey District of Me Vada	2013 JUN 29 PR 1	23 2
Case number BK-5 18-12662-4EB		
Official Form 410	Harris and the state of the	1.14  

#### Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

ı	identify the C	laim			
1.	. Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor Theodore Grant Bennett (deceased)			
2.	. Has this claim been acquired from someone else?	No Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  The ma Bennett  Name  Logo Madison 8401  Number Street  Hindsville Ark. 73738  City State ZIP Code  Contact phone 479-789-2897  Contact email  Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Contact phone  Contact email		
4.	Does this claim amond one already filed?	Yes. Claim number on court claims registry (if known)	Filed on		
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Ses. Who made the earlier filing?			
		**************************************			

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:	
Debtor 1 MEDIZONE INTERNATIONAL, INC.	
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	
Case number: 18–12662	

FILED
U.S. Bankruptcy Court
District of Nevada
7/2/2018
Mary A. Schott, Clerk

Official Form 410
Proof of Claim

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim		
1.Who is the current creditor?	Greg M. Conger	
Creditor:	Name of the current creditor (the person or entity to be paid to	or this claim)
	Other names the creditor used with the debtor	
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?	
3.Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
and payments to the creditor be sent?	Greg M. Conger	Greg M. Conger
Federal Rule of	Name	Name
Bankruptcy Procedure (FRBP) 2002(g)	Gilbert & Sackman, a Law Corporation 3699 Wilshire Boulevard Suite 1200	4339 Terra Vista Lane
	Los Angeles, CA 90010–2732	Anaheim Hills, CA 92807
	Contact phone <u>2139004690</u>	Contact phone
	Contact email <u>ilpaller@gslaw.org</u>	Contact email <u>gmconger@gmail.com</u>
	Uniform claim identifier for electronic payments in chapter 13	3 (if you use one):
4.Does this claim amend one already filed?	No ☐ Yes. Claim number on court claims registry (if known)	Filed on
		MM / DD / YYYY
5.Do you know if anyone else has filed a proof of claim for this claim?	☐ Yes. Who made the earlier filing?	

Official Form 410 Proof of Claim page 1

Fill in this information to identify the case:		
Debtor 1 Madizona International Inc.		
Debtar 2 (Spouse, if filing)		
United States Bankruptcy Court for the: District of Neucosa		
Case number BK-S 18-12662-LEB		

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AND FILED

2018 JUL 2 PM 2**EGP**U.S. 2.
MARY A. SOHOT GLERK

Official Form 410

#### **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

lalm			
Name of the current creditor (the person or entity to be paid for this clair	m)	enand, de	دوسه
No Pryes. From whom? Mand P. Lean	ard, &	cased	
188 Grand View Lane Number Street	different) Same	es notice	`
Contact phone 931-212-0447  Contact email revenard legal  again. Com	City  Contact phone  Contact email	State	ZIP Code
Yes. Claim number on court claims registry (if known)		Filed on MM / DD	/ YYYY
No Yes. Who made the earlier filing?			
	Name of the current creditor (the person or entity to be paid for this claim of the names the creditor used with the debtor  No  Yes. From whom?  Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Name  188 Grand View Lane  Number Street  Sewance Tw 37375  City State ZIP Code  Contact phone 931-212-0447  Contact email regular Com  Uniform claim identifier for electronic payments in chapter 13 (if you used)  No  Yes. Claim number on court claims registry (if known)	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor  No  No  Pyes. From whom?  Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Where should padifferent)  Name  Name  Name  Name  Name  Name  Number  Street  Sewand View Lane  Number  Street  Sewand 2 TW 37375  City State ZIP Code City  Contact phone  Contact phone  Contact email  Oqual - Com  Uniform claim identifier for electronic payments in chapter 13 (if you use one):	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor  No  Pryes. From whom? Mand? . Land decasted  Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Where should payments to the creditor be different)  Russ Ell L. Leanard  Name  188 Grand View Lane  Number Street  Sewance Tw 37375  City State ZIP Code City State  Contact phone  Contact phone  Contact email  Filed on  MM / DD

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:	R
Debtor 1 Patby Wang	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Debtor 2 (Spouse, if filing)	2018 JUL
United States Bankruptcy Court for the:  Case number BK-5 8-1242-125	U.S. BARR

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2918 JUL 2 PM 1 58

U.S. BAHARUPT IN COURT MARY A. SCHOTT, CLERK

Official Form 410

#### **Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Who is the current	Patou Nona	
creditor?		i(双)
	Name of the durrent creditor (the berson or entity to be paid for this cla	& M d p d K 1
Has this claim been acquired from someone else?	No Ves. From whom?	
Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 1255 Juliana Que # 2414	Name
(i Noi ) 2002(g)	Number Street 4 96817	Number Street
	City State ZIP Code	City State ZIP Code
	Contact phone 808-521-2403	Contact phone
	Contact email 1000	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you us	se one):
Does this claim amend	₩ No	
one already filed?	Yes. Claim number on court claims registry (if known)	Filed on MM / DD / YYYY
Do you know if anyone else has filed a proof of claim for this claim?	No Ves. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:	E .	REGEL	VED	C
Debtor 1 Medizone International INC		ND FI		F
Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the:  District of NovAD A	2018 JÚL	2	PM 2	2 02
Case number BKS 18-12662-LEB	U.S. D.A. MARY A.	andr SGIIS	77, 0	UURT

#### **Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

P	art 1: Identify the C	laim	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair.) Other names the creditor used with the debtor	m)
2.	Has this claim been acquired from someone else?	No ☐ Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name  Number Street  City Slate  Contact phone  Contact email  Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Contact phone  Contact email
4.	Does this claim amend one already filed?	Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

#### Case 16:43:642-41216622-beeb 18:61ai Em 266 ed FD 15:40/05/12/02/01:240:170ag eP 2ago e 634 of 98

Fill in this information to identify the case:	RECEIVED EGF
Debtor 1  Debtor 2 (Spouse, if filling)  United States Bankruptcy Court for the: District of  Case number	7618 JUL 2 PM 1 56 U.S. BARRUFTO (COURT MARY A. SCHOTT, CLERK

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#### **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

F	Part 1: Identify the C	aim	
1.	Who is the current creditor?  Concept Description  Has this claim been acquired from someone else?	Name of the current creditor (the person or entity to be paid for this clair of the current creditor used with the debtor FLORENCE No  No  Yes. From whom?	1. MEDLA : Philip MEDLA
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  DEBORAH L PERRI Name  SO BROCKULLOW AVE  Number Street  NEST LONG BRANCH NJ OTTOM  City State Zip Code  Contact phone 973-650-2642  Contact email deborah perri 9 mail. Com  Uniform claim identifier for electronic payments in chapter 13 (if you use	
4.	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)	Filed on MM / DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

Fill in this information to identify the case:	RECEIVED	cD
Debtor 1 Medizone International I Fac.	AND FILED E	U.F.
Debtor 2 (Spouse, if filing)	2018 JUL 2 PM 1 56	
United States Bankruptcy Court for the: District of Neblada Case number BK-S 18-12442 LEB	U.S. SAMMAUF COURT MARY A. SCHOTT, CLERK	

#### **Proof of Claim**

04/16

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Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

,	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this cla	Moldzia
		Other names the creditor used with the debtor	
	Has this claim been acquired from someone else?	No Yes. From whom?	
Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure		Where should notices to the creditor be sent?  Andria Mollan Trustee Name Estate of Guenter's Mo	Where should payments to the creditor be sent? (if different)
(FRBP) 2002(g)	Number Street Long Lake MN 55356	Number Street	
		Contact phone (1) 2723923  Contact email (2) 2723923	City State ZIP Co
		Uniform claim identifier for electronic payments in chapter 13 (if you us	e one):
	Does this claim amend one aiready filed?	No  Yes. Claim number on court claims registry (if known)	Filed on MM / DD / YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case.	
Debtor 16 Carla G. Brunner	
Debtor 2 Frank T Brunner Jr. Dee'd.	
(Spouse, filing)  AGS VEGUS  United States Bankruptcy Court for the: District of Nevada	-5
United States Bankruptcy Court for the: District of Nevada	1 -
Case number BK-518-12662-LEB	,

RECEIVED AND FILED EGP
2018 JUL 2 PM 2 01
U.S. HANNING AND COURT MARY ALSOMOTT, CLERK

Official Form 410

#### **Proof of Claim**

04/16

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Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	art 1: Identify the C				
1.	Who is the current creditor?	Carla G. Brunner  Name of the current creditor (the person or entity to be paid for this c	Mrs, Fran	ok Brunn	er)
		Other names the creditor used with the debtor			
2.	Has this claim been acquired from someone else?	Yes. From whom? My hus band	Frankg.	Brunner	Jr.)
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  Where should payments to the creditor be sent?  different)		yments to the creditor	be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 1707 Metzler Lane	Name		
		Jonesbord Arkansas 129 City State ZIP Code	Number Street  O ( City	State	ZIP Code
		Contact phone (870) 203-0178	Contact phone		-
		Contact email	Contact email		7
		Uniform claim identifier for electronic payments in chapter 13 (if you	use one):		
	Does this claim amend one already filed?	No See		Filed on MM / DD	/ / ////
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		F	

Official Form 410

Proof of Claim

Fill in this information to identify the case:	
Debtor 1 MANUEL PEREA	
Debtor 2 (Spouse, if filing)	2502200
United States Bankruptcy Court for the: \\\ \\\ \\\ \\\ \\\ \\\ \\ \\\ \\\ \\	DI.S
Case number BK-S 18-12662-LEB	7018 day -
MEDIZONE INTERNATIO	MAL 1480
Official Form 410	V.O.

# **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

I	Part 1: Identify the C				
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair  Other names the creditor used with the debtor	•		wild Annihim white a way was
2.	Has this claim been acquired from someone else?	No Yes. From whom?			
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where shou different)	d payments to the creditor b	e sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name P. O. Pox 7.33  Number Street	Name		Account to the second to the s
-		Number Street  SUMSET BEACH CALLE 90742  City State ZIP Code	Number	Street	ZIP Code
		Contact phone (562) 567 - 5544	-		
		Contact email PEREASURSET & GHALL	Contact email	MANAGEMENT AND	-
		Uniform claim identifier for electronic payments in chapter 13 (if you use	one):		
4.	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)		Filed on	/ YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

Official Form 410

**Proof of Claim** 

		, , ,			DL	ιS
Fill in this information to identify the case:  Peter Di Hanna	2518	JüL	5	TA	12 56	
Theila Di Plance	u.c.				A A	
United States Bankruptcy Court for the:  Case number BKS JJ JZ 662- LZ	B				A STAN	
	J					

## **Proof of Claim**

04/16

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Fill In all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

P	art 1:	identify the C	laim	
1.	Who is the	he current	Name of the current creditor (the person or entity to be paid for this claim	a Di Marra
			Other names the creditor used with the debtor	
2.	Has this acquired someone		Yes. From whom?	
3.		hould notices ments to the be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Federal F Bankrupt (FRBP) 2	cy Procedure	Number / Street / Street / Street	Name Number Street
			City State ZIP Code  94187972269	City State ZIP Code
			Contact email	Contact phone
			Uniform claim identifier for electronic payments in chapter 13 (if you use	e one):
4.		s claim amend ady filed?	No  Yes. Claim number on court claims registry (if known)	Filed on
5.	else has	now if anyone filed a proof for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

Fill in this information to identify the case:	ANG MUSO
Debtor 2 Debtor 2	2018 JUL 6 FM 12 43
United States Bankruptcy Court for the:  Case number BK-5-18-12662-LEB	U.S. MARY A. M

# **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

F	Part 1: Identify the C	ilaim	
4.	Who is the current creditor?	Name of the current reditor (the person or entity to be paid for this clair  Other names the creditor used with the debtor	noutsis
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Coorge Tames Kamoutst  Name  290 N. Woodh. II Dr.  Number Street  Higherst, OH. 4400   City State ZIP Code  Contact phone 440-988-2440  Contact email 9-0-Kamaetsi saturail.  Com  Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Contact phone Contact email
4.	Does this claim amend one already filed?	No ?  Yes. Claim number on court claims registry (if known)	Filed on MM / DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 

Fill in this i	Fill in this information to identify the case:			
Debtor 1	Medizone International, and			
Debtor 2 (Spouse, if filing	)			
United States	Bankruptcy Court for the: District of			
Case number	18-12662-Léb			

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2018 JUL 11 PM 1 48

Official Form 410

# **Proof of Claim**

U.S. BANKRUPTCY COURT

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill In all the information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1	Park 1: Identify the Claim				
,	is the current litor?	$\begin{array}{cccccccccccccccccccccccccccccccccccc$			
acqu	this claim been ulred from seone else?	No Pres. From whom?			
and cred Fede Bani	ere should notices payments to the litor be sent? eral Rule of kruptcy Procedure 3P) 2002(g)	Where should notices to the creditor be sent?  Where should payments to the creditor be sent? (if different)  Name  Name  Name  Name  Number Street  WAY  Number Street  WAY  Number Street  City State ZIP Code  Contact phone  Contact phone  Contact email  ORYSON @ CMAJL, COM  Contact email  Uniform claim identifier for electronic payments in chapter 13 (if you use one):			
	s this claim amend aiready filed?	Yes. Claim number on court claims registry (if known) Filed on			
else	ou know if anyone has filed a proof aim for this claim?	No Ses. Who made the earlier filing?			

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:		
Debtor 1	MEDIZONE INTERNATIONAL	
Debtor 2 (Spouse, if filing	<b>I</b>	
United State	s Bankruptcy Court for the: District of Nevada	
Case numbe	BK-S 18-12642-LEB	

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2018 JUL 12 PM 1 22

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

#### Official Form 410

# **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

ı	Part 1: Identify the C	Claim	
1.	Who is the current creditor?	Elaine Parenteau  Name of the current creditor (the person or entity to be paid for this claim  Other names the creditor used with the debtor NA	im)
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Elaine Farenteau  Name 9332 N. Hampshine Dr  Number Street Tucson As 85742  City State ZIP Code  Contact phone (520) 400-5044  Contact email epsunbung comcast net  Uniform claim identifier for electronic payments in chapter 13 (if you use	
4.	Does this claim amend one aiready filed?	No  Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:  Debtor 1 V A C dry one 4nt l 4nt	<u></u>		EIVED	DLS
Debtor 2 (Spouse, if filing)	2018	JUL 13	PM 1	38
United States Bankruptcy Court for the: District of  Case number 3-12-6-22	U.S. MAR	BANKRUI Y A. SCHI	PTOY CO OTT, CLI	URT ERK

**Proof of Claim** 

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	Part 1: Identify the Claim				
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this class)  Other names the creditor used with the debtor	aim)		
2	Has this claim been acquired from someone else?	PNO Leonard E. Sc. Yes. From whom?	hourtzer		
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Joseph V. Martin  Name  Maramie Lane  Number Street  Brandon, MS 39042  City State ZIP Code  Contact phone 601-519-1125  Contact email Vmmm/22860 bill South, Ne.  Uniform claim identifier for electronic payments in chapter 13 (if you us			
4.	Does this claim amend one already filed?	□ No □ Yes. Claim number on court claims registry (if known) $\_$ ○ Case $18-12662-166$	Filed on CS / C8/2018  IN 87-0412648)		
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

Official Form 410

Proof of Claim

Fill in this information to identify t	he casc:
	restner
Debtor 2 (Spouse, if filing) Harriet G	restruct
United States Bankruptcy Court for the:	District of Nevala
Case number <b>BK-S 18-1</b>	2662-LEB
Official Form 410	Harriet Gertne, 3350 McCue Rd. Apt. 1702

RECEIVED DLS 2018 JUL 13 PM 1 45 U.S. BARKRUPTCY COURT MARY A. SCHOTT, CLERK

**Proof of Claim** 

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04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

I	Part 1: Identify the C	Claim (b.4			
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this classes)  Other names the creditor used with the debtor	aim)	et Jestnu Este	de
2.	Has this claim been acquired from someone else?	No Yes. From whom?			
3.	and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure	Where should notices to the creditor be sent?  Herrich Letter  Name  3350 Me Che RD. Ad 1702	Where should pay different)	yments to the creditor b	e sent? (if
	(FRBP) 2002(g)	Number Street  Touston State  Tip Code	Number Street	State	ZIP Code
		Contact phone 713-960-1200 Contact email Karrier 081500H, not	Contact phone		
ODDOOLS papage to categories of the company		Uniform claim identifier for electronic payments in chapter 13 (if you us	se one):		
4.	Does this claim amend one already filed?	❤️No ☐ Yes. Claim number on court claims registry (if known)		Filed on	/ YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	w		

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:	
Debtor 1 PM	
Debtor 2 (Spouse, if filling)	
United States Bankruptcy Court for the: District of	
Case number	

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U.S. BANKRUFT BY COURT MARY A. SCHOTT, CLERK

## Official Form 410

# **Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim				
Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this cl.  Other names the creditor used with the debtor	aim)		
Has this claim been acquired from someone else?	OY No O Yes. From whom?			
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  VERCA ARBIE  Name  VARBIE  City State ZIP Code  Contact phone 775 ZABIE COMAIL, CO  Uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments identifier for electronic			
Does this claim amend one already filed?	d ☑ No ☐ Yes. Claim number on court claims registry (if known) _	Filed onMM / DD / YYYY		
Do you know if anyone else has filed a proof of claim for this claim	Yes Who made the earlier filling?			

Official Form 410

Proof of Claim

Fill in this information to identify the case:	RECEIVED AND FILED <b>DI</b> .S
Debtor 1 The ma Jo Bennett	2010
[ (Spouse, if filing)	eased) U.S. PALLIE PM 2 27
United States Bankruptcy Court for the Backruptcy District of Mc Vada	U.S. BANKRUPTCY COURT
Case number BK-5 18-12662-4EB	MARY A. SCHOTT, CLERK

# **Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1:	Identify the Ci	aim		
Who is t creditor	he current _ ?	The Ima Jo Bennett  Name of the current creditor (the person or entity to be paid for this clair  Other names the creditor used with the debtor Theodor	im) ne Grant Bennettlåece	ase
2. Has this acquired someon		No Q Yes. From whom?		
and pays creditor Federal F	Rule of cy Procedure	Where should notices to the creditor be sent?  The MA Bennett  Name  (SO Madison 8401  Number Street  Lindsville Ark. 73738  City State ZIP Code  Contact phone 479-789-2897  Contact email  Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Contact phone  Contact email	
	s claim amend ady filed?	No Yes. Claim number on court claims registry (if known)	Filed on MM / DD / YYYY	
eise has	now if anyone filed a proof for this claim?	No No Yes. Who made the earlier filing?		***

Official Form 410

Proof of Claim

Fill in this information to identify	the case:	
Debtor 1 TAPDI	ZOUZ I	HERMITIONAL
Debtor 2 (Spouse, if filing)	der Sagrey per sallet delle sessionen proposition der seine der sessionen aus der seine der sessionen der sein	INC
United States Bankruptcy Court for the:	District of	
Case number $BK-5$	18-12 Wes	2-653

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U.S. BANKRUPTOY COURT
MARY A. SCHOTT, CLERK

#### Official Form 410

#### **Proof of Claim**

04/16

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Fill in all the Information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

F	Part 1: Identify the Claim				
	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim.  Other names the creditor used with the debtor.	n)		
2.	Has this claim been acquired from someone else?	⊠ No □ Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  DANIEL III, NECENIER  Name  1/4 20 We epike y Willow CT  Number Street  2/6/05/1/16 AND 46077  City State ZIP Code  Contact phone 3/7 223 5754  Contact email DECKY & COMINA CE  EX CONCESTR. COM  Uniform claim identifier for electronic payments in chapter 13 (if you use	City State ZIP Code  Contact phone  Contact email		
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on		
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:	
Debtor 1 Medizone	Internation.
Debtor 2 (Spouse, if filing)	7
United States Bankruptcy Court for the:	_ District of
Case number 1514 - 5 14 -	22662-2513

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U.S. BAHKRUPTCY COURT
MARY A. SCHOTT, CLERK

Official Form 410

#### **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

I	Part 1: Identify the C	laim			
1	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair  Other names the creditor used with the debtor	π)		
2.	Has this claim been acquired from someone else?	☐ No ☐ Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  I'MC+HY RYYYN  Name  4317 L Hency is land 3d	Where should payments to different)  Name  Number Street	) the creditor be s	ent? (if
ACOMO TO THE CONTRACTOR OF THE PROPERTY OF THE		Contact phone 968 214 8774  Contact email + + + + + + + + + + + + + + + + + + +	·		ZIP Code
4.	Does this claim amend one already filed?	☐ No ☐ Yes. Claim number on court claims registry (if known)			YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No			

Official Form 410

Proof of Claim

Fill in this information to identify the case:	RECEIVED	T.0-
Debtor 1 WESIZUNE, MIRRY ATIONAL, INC	AND FILED	EGP
Debtor 2 (Spouse, if filing)	_ 2018 JUL 17 PM 1 32	
United States Bankruptcy Court for the: District of NEV4D4  Case number BK-5 18-12612 NEB	U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK	

# **Proof of Claim**

04/16

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Fill In all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

,	Part 1: Identify the C	iaim	
1.	Who is the current creditor?	UIRMAN LIPSLIE SACDOARD  Name of the current creditor (the person or entity to be paid for this cla  Other names the creditor used with the debtor	im)
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure	Where should notices to the creditor be sent?  WILLIAM LESHIE STODGERD  Name  216/105 A PONLO DRIVE ROSEDALE  Number Street	Where should payments to the creditor be sent? (if different)
	(FRBP) 2002(g)	Number Street  HULLANNIS NEW ZEMAND UG32  City State ZIP Code	Number Street  City State ZIP Code
		Contact phone  Contact email  Contact email  Contact email	Contact phone
		Uniform claim identifier for electronic payments in chapter 13 (if you us	
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:	
Debtor 1 Medizane International Inc	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of	ι.
Case number 3 K-5 18-12662 - LEB	

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AND FILED DLS
2018 JUL 19 PM 1 44
U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

#### Official Form 410

# **Proof of Claim**

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	Part 1: Identify the Claim				
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor			
2.	Has this claim been acquired from someone else?	Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Uincan: Family Trans.  Name  Po Box 31157 Millord  Number Street  Anchland N2  City State ZIP Code  Contact phone 09 4159900  Contact email Sohn & dua.co.n2  Uniform claim identifier for electronic payments in chapter 13 (if you determined to the contact of t	Name  Number Street  City  Contact phone  Contact email	yments to the creditor	ZIP Code
4.	Does this claim amend one aiready filed?	<ul><li>No</li><li>☐ Yes. Claim number on court claims registry (if known)</li></ul>		Filed on MM / DD	) / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?			

Official Form 410 Proof of Claim

Fill in this information to identify the case:
Debtor 1 Medizone Mt1 Mc.
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court for the: District of
Case number/8

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AND FILED DLS
2018 JUL 20 PM 12 54
U.S. BANKRUPTOY COURT
MARY A. SCHOTT, CLERK

Official Form 410

# **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim				
. Who is the current creditor?  VALEX VARBUE  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor				
2. Has this claim been acquired from Someone else?   2 No 2 Yes. From whom?				
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Name POBOX 2087  Number Street  FLLPADO NM 875  City State Zip  V Contact phone (775) 223 - 1521  V Contact email Valery Varble of Me. c877  Uniform claim identifier for electronic payments in chapter 13	•			
4. Does this claim amend ONNo one already filed?   Yes. Claim number on court claims registry (if kn)  Yes. Claim number on court claims registry (if kn)	own) Filed on MM / DD / YYYY			
5. Do you know if anyone else has filed a proof of claim for this claim?				

Official Form 410



**Proof of Claim** 

Fill in this information to identify the case:		
Debtor 1 Medizone International Inc		
Debtor 2 (Spouse, if filing)		
United States Bankruptcy Court for the Las Leas District of Newada		
Case number <u>BK-S 18-12662-LEB</u>		

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2018 JUL 23 PM 3 09

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

# **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 7: Identify the Claim					
Who is the current creditor?					
Has this claim been acquired from someone else?	No Ves. From whom?				
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure	Where should notices to the creditor be sent?  David Caughan  Name  212 Beachbasen Road  Number Street  Auckland New Zuland Or  City Steet  Community Zip Code		payments to the creditor t	oe sent? (if	
(FRBP) 2002(g) Beachhar	212 Beachaven Road Number Street Auckland New Zerland Co	Number S	treet		
	Contact phone 164 274259891  Contact email david anghan nz 29	Contact phone	State	ZIP Code	
	Uniform claim identifier for electronic payments in chapter 13 (if you	use one):			
Does this claim amend one already filed?	☑ No ☐ Yes. Claim number on court claims registry (if known)		Filed on	/ YWY	
Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?				

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:  Debtor 1 Medizone Internation, Inc.	RECEIVED AND FILED
Debtor 2 (Spouse, if filing)	2018 JUL 23 PM 1 41
United States Bankruptcy Court for the: District of Newada  Case number 18-12462-65	U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

**Proof of Claim** 

medizone Shaw

5 h am 04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim				
. Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this cl	laim)		
Has this claim been acquired from someone else?	No Yes. From whom?			
Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  At Hor 17 Wills ""  Name  100 130x 1061  Number Street  Dwx bury Ma 02331  City State ZIP Code  Contact phone 1781 - 832 6656  Contact email Arthur Wills - Me. Com  Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different)  Sen & Sen & Name  Number Street  City State ZIP Code  Contact phone  Contact email		
Does this claim amend one already filed?	☑ No ☐ Yes. Claim number on court claims registry (if known)	Filed on		
Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

Official Form 410

**Proof of Claim** 

Fill in this info	ormation to ide	ntify the case	:	V	
Debtor 1	V:114	Erwi	'n		
Debtor 2 (Spouse, if filing)  United States Ba	inkruptcy Court for	r the: USD 18-12	<u>C</u> District o	Nevad LEB	Da .

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U.S. BANKRUPTCY COURT

MARY A. SCHOTT, CLERK

Official Form 410

## **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

F	Part 1: Identify the C	laim			
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim.)  Other names the creditor used with the debtor			
2.	Has this claim been acquired from someone else?	No Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Figure 1026 Win 1027 Ave Number Street  Weston FL 3222  City State ZIP Code  Contact phone 95494-0502  Contact email 21146 Win 1669 Mill.  Cut  Uniform claim identifier for electronic payments in chapter 13 (if you use	Name  Number St  City  Contact phone  Contact email	payments to the credito	ZIP Code
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	<del></del>	Filed on MM / I	DD / YYYY
5.	Do you know if anyone eise has flied a proof of claim for this claim?	No ☐ Yes. Who made the earlier filing?	A AND THE RESIDENCE OF THE PARTY OF THE PART		

Official Form 410

Proof of Claim

Fill in this information to identify the case:
Debtor 1 Brian Castre
Debtor 2 (Spouse, If filing)
United States Bankruptcy Court for the: District of

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2018 JUL 26 PM 1 26

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

# **Proof of Claim**

04/16

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Fill In all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	Part 1: Identify the Claim				
4.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor			
2.	Has this claim been acquired from someone else?	No No Yes. From whom?			
35	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Brian Couture  Name  1839 Nw 139 M Kriace  Number Street  Pembroke fines 1-L 33038  City State Zip Code  Contact phone 954-350-1010  Contact email FCP4567 @AoL. Com  Uniform claim identifier for electronic payments in chapter 13 (if you us	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Contact phone  Contact email		
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed onMM / DD / YYYY		
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

Official Form 410

**Proof of Claim** 

#### Case 1/8a1s26062-1626662Eleb 1828 laintentitered Filed 05772207110840:12:00 ge Plaggie 2515 of 98

	formation to identify the case:
Debtor 1	Medizone
Debtor 2 (Spouse, if filing)	
	lankruptcy Court for the: District of
United States E	

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U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

# **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

1.	Who is the current	PETER A. SCHOENER	
	creditor?	Name of the current creditor (the person or entity to be paid for this cla	im)
		Other names the creditor used with the debtor	
	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	PETER A. SCHOENER  Name  6 BRILEY PLACE	Name
	, , ,	Number Street NASHUA NH 03063	Number Street
		Contact phone 603.943.7540	City State ZIP Code
		Contact email PASKLS @ aol.com	Contact phone  Contact email
		Uniform claim identifier for electronic payments in chapter 13 (if you us	se one);
	Does this claim amend one aiready filed?	No Yes. Claim number on court claims registry (if known)	Filed onMM / DD / YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	No Ses. Who made the earlier filing?	

Official Form 410

Proof of Claim

Fill in this information to identify the case:	
Debtor 1	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of	
Case number	

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2018 JUL 30 PM 2 15

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

#### Official Form 410

# **Proof of Claim**

04/16

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Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1:	Identify the Ci	aim			
1. Who is credite	s the current or?	JACQUELINE ROSE  Name of the current creditor (the person or entity to be paid for this cla  Other names the creditor used with the debtor	iim)		
acquir	is claim been ed from one else?	☐ Yes. From whom?			
and pa credito Federa Bankru	should notices syments to the or be sent?  Il Rule of sploy Procedure (2002(g))	Where should notices to the creditor be sent?  JACQUELINE ROSE  Name 3/58 ESPLANADE  Number Street  GOLDEN BEACH QLD 4551  City AUSTRALIA  Contact phone 0422 673 497  Contact email Jacquierose 556  Notmail com  Uniform claim identifier for electronic payments in chapter 13 (if you us	Name  Number Stre  City  Contact phone  Contact email	et State	be sent? (if
	his claim amend ready filed?	No Yes. Claim number on court claims registry (if known)		Filed on MM / DD	) / YYYY —
else ha	know if anyone is filed a proof in for this claim?	No Yes. Who made the earlier filing?			

Official Form 410

**Proof of Cialm** 

Fill in this information to identify the	case:
Debtor 1	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	District of
Case number	

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U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

## **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

Paritif Identify the C	laim
Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor
Has this claim been acquired from someone else?	No Yes. From whom?
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Where should payments to the creditor be sent? (if different)  Where should payments to the creditor be sent? (if different)  Where should payments to the creditor be sent? (if different)  Name  Lab Chruch  Name  Name  Number  Street  Number  Street  Number  Street  City  State  ZIP Code  City  State  ZIP Code  Contact phone  Contact email Full Schneid 6069  Contact email Full Schneid 6069  Uniform claim identifier for electronic payments in chapter 13 (if you use one):
Does this claim amend one aiready filed?	Yes. Claim number on court claims registry (if known) Filed on
5. Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?

Official Form 410

**Proof of Claim** 

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U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

# Official Form 410

# **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

ŧ	Part 1: Identify the C	aim	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this classes)  Other names the creditor used with the debtor	aim)
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?    Danald G. Sm.TH     Name     Uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments identi	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZiP Code  Contact phone  Contact email
4.	Does this claim amend one already filed?	№ No  Yes. Claim number on court claims registry (if known)	Filed onMM / DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

Fill in this in	ormation to identify the case:
Debtor 1	DONNA M. TEADO
Debtor 2 (Spouse, if filing) United States 8 Case number	ankruptcy Court for the Bukyy District of Nevada

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U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

# Official Form 410

# **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	Part 1: Identify the Claim		
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor	
2.	Has this claim been acquired from someone else?	No Ser From whom? LENBER E. Sch.	WARTZER (TRUSTER)
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?    Source   Factor   Factor     Name   Street   Factor     Number   Street   Factor     City   State   ZIP Code     Contact phone   Factor   Factor     Contact email   Contact email     Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Contact phone
4.	Does this claim amend one already filed?	№ No  Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has flied a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:  Debtor 1	RECEIVED DLS
Debtor 2 (Spouse, if filing)	2018 AUG 3 PM 2 28
United States Bankruptcy Court for the: District of  Case number	U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

# **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part is Identify the C	laim	
Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this c	E & CONSTANCE MARY COOKE
Has this claim been acquired from someone else?	No Yes. From whom?	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  MRL 9 MRS C COCKE  Name  2 CIFENDON ROAD  Number Street  AUCKLAND NEW ZEALAND OC  City State ZIP Code  Contact phone OOG 9 8175625  Contact email 1 MCOOKE 56 D g mail.  Com  Uniform claim identifier for electronic payments in chapter 13 (if you use)	Contact email
Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

# Case 18:4:24662-4:26622-1etb18:8:laiEm562-edF0156/0502/06/0:240:17:age-2age-2age-461 of 98

Debtor 1

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the:

Case number

Debtor 2
District of Areyada

Case number

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U.S. BANKRUPTCY COURT:

WARY A. SCHOTT, CLERK

U.S. BANKRUPTCY COURT:

WARY A. SCHOTT, CLERK

Official Form 410

# **Proof of Claim**

04/16

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Fill in all the Information about the ciaim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

F	Part 1: Identify the Claim		
1.	Who is the current creditor?	Betty Taine CealL  Name of the current creditor (the person or entity to be paid for this cl  Other names the creditor used with the debtor	aim)
2.	Has this claim been acquired from someone eise?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Betty Jane Cecil  Name  5340 Manauwea St  Number Street  LONGLULU H 96821  City State ZIP Code  Contact phone 808313-2410  Contact email  Ashley Jeane decignal. Con  Uniform claim identifier for electronic payments in chapter 13 (if you under	
4.	Does this claim amend one aiready filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

# Case 18:42:642-421662-betb188:laiEm59:edF016/005/2/04/0:174ageP1aget \$52 of 98

Fill in this information to identify the case:	
Debtor 1	
Debtor 2 (Spouse, if filling)	
United States Bankruptcy Court for the:	District of
Case number	

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U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

# **Proof of Claim**

04/16

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Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

F	Part 1: Identify the C	aim	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)	_
L		Other names the creditor used with the debtor	_
2	Has this claim been acquired from someone else?	Yes. From whom?	
3	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Where should payments to the creditor be sent? (if different)  Name  Name  Number Street  City State ZIP Code  City State ZIP Code	de
		Contact phone  Contact email  Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
4.	Does this claim amend one aiready filed?	No  Yes. Claim number on court claims registry (if known)  Filed on  MM / DD / YYYY	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

Debtor 1	
Debtor 2 (Spouse, if filing)	
Inited States Bankruptcy Court for the:	District of NEVADA
Case number 8/45-18 - 12662	LILEB

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2018 AUG 7 PM 12 00

# **Proof of Claim**

RUPTCY COURT 04/16 Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this firm to make a request for payment of an administrative expense. Make such a request according to 11 U.S.O. 9 503:

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P	art 1: Identify the C	Claim	
•	Who is the current creditor?	RONALD R. COOMBER CLAIR Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	ET. COOMBER
	Has this claim been acquired from someone else?	No Ves. From whom?	
	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	RONALD R. COOMBER CHARREN  Name  6 KAMARK DR(UE)  Number Street  MEDFIELD MA. 02052  City State ZIP Code City	payments to the creditor be sent? (if  E. T. COOMBER  THE COOMBER  State ZIP Code  SON = 359-6868  SAME
	Does this claim amend one already filed?	Yes. Claim number on court claims registry (if known)	Filed on
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Fill in this information to identify the case:	
Debtor 1	Medizone International, INC
Debtor 2 (Spouse, if filing	
United States	Bankruptcy Court for the: District of
Case number	BK-S-18-12662-LEB

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U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

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04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

. Who is the current creditor?	Tim Carroll Name of the current creditor (the person or entity to be paid for this cla Other names the creditor used with the debtor	· \ \	Carroll	
Has this claim been acquired from someone else?	No Yes. From whom?			
Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Jim Carroll  Name  869 Gevaldine St  Number Street  Livermore Ca 94550  City State ZIP Code  Contact phone 925-443-5399	Where shou different)  Name  Number  City  Contact phone	id payments to the cred	litor be sent? (if
	Contact email <u>james carroll</u> 1999 a yahoo . Com  Uniform claim identifier for electronic payments in chapter 13 (if you us	Contact email		
Does this claim amend one already filed?	No Pes. Claim number on court claims registry (if known)		Filed on	100 / 1
Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?			

Official Form 410

**Proof of Claim** 

Fill in this information to identify the case:		
Deblor 1 MEDIZONE INTERNATIONAL INC		
Debtor 2 (Spouse, if filing)		
United States Bankruptcy Court for the: District of NEVADA		
Case number 18-12662-166 EIN: 87-0412648		

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U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

# **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Paral Identity the	Gaim			
Who is the current creditor?	NAMELY ATELIZA  Name of the current creditor (the person or entity to be paid for this of the names the creditor used with the debtor			
Has this claim been acquired from someone else?	No See Section 1 Yes. From whom?			
Where should notices and payments to the creditor be sent?		Where should podifferent)	ayments to the creditor	be sent? (if
Federal Rule of Bankruptcy Procedure	Name 447 WAShington ST	Name		***************************************
(FRBP) 2002(g)	Number Street  NUMBER Street  MA 6206/ City State ZIP Code	Number Stre	et	
	City State ZiP Code	City	State	ZiP Code
	Contact phone 781-659-1218	Contact phone		
	Contact email Norwella ezol. Com	Contact email		
	Uniform claim identifier for electronic payments in chapter 13 (if you	use one):	un sentin Anton	
4. Does this claim amen one aiready filed?	<b>0</b> No ☐ Yes. Claim number on court claims registry (if known) _		Filed on MM / DD	/ / ////
5. Do you know if anyor else has filed a proof of claim for this claim	Yes. Who made the earlier filing?			unit den en der den en de

Official Form 410

Proof of Claim

Fill in this	information to identify the	case:
Debtor 1	MED 20NE	INTERNATIONAL, INC
Debtor 2 (Spouse, if filing	g)	,
United States	Bankruptcy Court for the:	District of
Case numbe	BK-5 18.	-12 662 - LEB

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NPC

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

# **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

F	Part II Identify the Ci	aim
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor WA
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Where should payments to the creditor be sent? (if different)  Name  Name  Name  Name  Number Street  Number Street  City State ZIP Code  Contact phone 516 422-5491  Contact emait JFBELLMAN (SIANO, COM Contact email SUNO  Uniform claim identifier for electronic payments in chapter 13 (if you use one):
4.	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known) Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Ses. Who made the earlier filing?

**Proof of Claim** 

. . . . . . . . . . . . . . . . . .

Fill in this inf	ormation to identify the case:
Debtor 2 (Spouse, if filing)	/
United States B	ankruptcy Court for the: District of
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U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

# **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the cialm as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

F	art 1: Identify the C	laim				
1.	Who is the current creditor?	R V by B2 Name of the current cre Other names the credito	ウヒcKER ditor (the person or entity to be paid for t or used with the debtor	his claim)		
2.	Has this claim been acquired from someone else?	No Yes. From whom	n?			
3.	Where should notices and payments to the creditor be sent?	Where should notic	es to the creditor be sent?	Where should payr different)	nents to the credit	tor be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	4385	BY BOECKER 5 JOHANNA AVE EWOOD, CA 90713-3303	Name  Number Street		
		Contact phone 56	51216 2-429-7104 bybouher e verien net	City  Contact phone  Contact email	State	ZIP Code
		Uniform claim identifier	for electronic payments in chapter 13 (if	you use one):		
4.	Does this claim amend one aiready filed?	☑ No ☐ Yes. Claim num	ber on court claims registry (if know	n)	Filed on MM /	100 / 1
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made	the earlier filing?			

Official Form 410

Proof of Claim

Fill in this information to identify the case:	RECEIVED DLS
Debtor 1	AND FILED
Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the: District of	U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

# **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filters must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

1	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this of the names the creditor used with the debtor	Claim)
	Has this claim been acquired from someone else?	Yes. From whom?	
	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  IALES R. CAMPBELL  Name  3 MANSTAL LANE  Number Street  DOUGNE ME MA 62532  City State ZIP Code  Contact phone 505-743-9734  Contact email CHEMPHARMS CYMHOO. CO.  Uniform claim identifier for electronic payments in chapter 13 (if you	
	Does this claim amend one aiready filed?	Yes. Claim number on court claims registry (if known)	Filed on MM / DD / YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 

Debtor 1		
Debtor 2 Spouse, if filing)		
United States Bankruptcy Court for the:	District of	

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2018 AUG 17 PM 2 20
U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

#### Official Form 410

# **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Who is the current creditor?	Peter and Annette Mullar Name of the current creditor (the person or entity to be paid for this cla	
	Other names the creditor used with the debtor	anti
Has this claim been acquired from someone else?	No Yes. From whom?	
Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure	Where should notices to the creditor be sent?  Peter and Anne He Mullarkay Name	Where should payments to the creditor be sent? (if different)
(FRBP) 2002(g)	Number Street  Number Street  O2169 City State ZIP Code	Number Street  City State ZIP Code
	Contact phone 617-773-9080	Contact phone  Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you us	
Does this claim amend one aiready filed?	No  Yes. Claim number on court claims registry (if known)	Filed on
Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

Fill in this information to identify the case:	
Debtor 1	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of	
Case number	

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2018 AUG 20 PM 2 30

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

# Official Form 410

# **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

I	Part 1: Identify the C	ilaim
1.	Who is the current creditor?	Thomas & Beaument & Mary B Beaument Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Mary B Beaument
2.	Has this claim been acquired from someone else?	Yes. From whom?
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Where should payments to the creditor be sent? (if different)  Name  Name  Name  Name  Number Street  Number Street  City State ZIP Code  Contact phone Street  Contact email Deauville 4 & gmail , Contact email  Uniform claim identifier for electronic payments in chapter 13 (if you use ona):
4.	Does this claim amend one aiready filed?	Yes. Claim number on court claims registry (if known) Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?

Official Form 410

**Proof of Claim** 

Fill in this information to identify the cas	se:
Debtor 1 Medizone Into	ornational Inc-
	Band draws Have
Debtor 2	
Debtor 2 (Spouse, if filing)	
	District of

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Official Form 410

2018 AUG 29 PM 1 58

**Proof of Claim** 

U.S. BANKRUPTCY COURT

04/16

Read the instructions before filling out this form. This form is for making a claim for payment is a bank up to the not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the ciaim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

F	Part 1: Identify the Ci	aim	1
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair Other names the creditor used with the debtor	
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  CINDY SHETLER VARBLE  Name 1644 ZALDIA  Number Street  MINSEN NV 89423  City State ZiP Code  Contact phone (775) 230-8750  Contact email CONDICE GNAIL CON  Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different)  Same  Number Street  City States ZiP Code  Contact phone Contact email
l.	Does this claim amend one aiready filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

Fill in this information to identify the case:	
Debtor 1 Medizune the	emational Inc.
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	District of
Case number 8-12125	

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2018 AUG 29 PM 1 57

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

# **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this class) Other names the creditor used with the debtor	im)			
	Has this claim been acquired from someone else?	☐ Yes. From whom?				
1.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  PARKE Name    L. 44 7 A D   A D R I V E Number Street    City State ZIP Code   Contact phone   775 720 - 92 73     Contact email   Converted by the con	Name  Number S  City  Contact phone	Street  State  SAME	9	ziP Code
	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)		Filed on	MM / DD	/ YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	✓ No ☐ Yes. Who made the earlier filing?				

Official Form 410

Proof of Claim

Fill in this information to identify the case:		RECE		Npa
Deblor 1 Linda Patuw Medizone Int	, inc.	AND F	ILED	
Debtor 2 (Spouse, if filing)	2018	AUG 29	PM 1	55
United States Bankruptcy Court for the:  Case number RK - S 18 - 12662 - LEB		BAHKRUI RY A. SCH		

#### Official Form 410

#### **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

art 1: Identify the C	alm
Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor A Patow (husband deceased)
Has this claim been acquired from someone else?	No  Yes. From whom?
Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Where should payments to the creditor be sent? (if different)  Name  Name  Number  Street  City  State  ZIP Code  Contact phone  Contact email  Uniform claim identifier for electronic payments in chapter 13 (if you use one):
Does this claim amend one aiready filed?	Yes. Claim number on court claims registry (if known) Filed on MM / DD / YYYY
Do you know if anyone else has filed a proof of claim for this claim?	✓ No ☐ Yes. Who made the earlier filing?
	Has this claim been acquired from someone else?  Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Does this claim amend one already filed?

Official Form 410

Proof of Claim

Fill in this info	ormation to identify the ca	ase:	mentin Willer Co
Debtor 1	ROBERT P	C GUIRE	
Debtor 2 (Spouse, if filing)	A CONTRACTOR OF THE PROPERTY O		<del></del>
United States Ba	ankruptcy Court for the:	District of NEVAD	A
Case number	BK-3 18-1	12412-LEB	

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2018 SEP 4 PM 1 30

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

#### **Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Filt in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim		
Who is the current creditor?	Robert Mc Guire  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor	
Has this claim been acquired from someone else?	No Yes. From whom?	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Robert Mc Guire  205 Spruce St.  Number Street  DENVER, Pa 17517  City State Zip Code  Contact phone (717) 445-7501  Contact email	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZiP Code  Contact phone (717) 445-7501  Contact email
Does this claim amend one already flied?	No Yes. Claim number on court claims registry (if known)	Filed on
5. Do you know if anyone else has filed a proof of claim for this claim?	Ves. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 

#### Case 1642662-421662-16451861aiEm767edF016405092/0.0/0.240:174ageP1aget 375 of 98

Fill in this information to identify the case:		
Debtor 1 MEDIZONE INTERNATIONAL, INC.		
Debtor 2		
(Spouse, if filing)		
United States Bankruptcy Court		
Case number: 18–12662		

FILED
U.S. Bankruptcy Court
District of Nevada
9/10/2018
Mary A. Schott, Clerk

Official Form 410
Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim			
1.Who is the current creditor?	Henry L. Kozloski		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor	Teresa Kozloski C/F	
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?		
3.Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
and payments to the creditor be sent?	Henry L. Kozloski		
Federal Rule of	Name	Name	
Bankruptcy Procedure (FRBP) 2002(g)	PO BOX 370 East Otis, MA 01029		
	Contact phone <u>413–335–5456</u>	Contact phone	
	Contact email hkozloski@aol.com	Contact email	
	Uniform claim identifier for electronic payments in ch	napter 13 (if you use one):	
4.Does this claim amend one already filed? No Yes. Claim number on court claims registry (if known) Filed on		known) Filed on	
		MM / DD / YYYY	
5.Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?		

Official Form 410 Proof of Claim page 1

Fill in this information to identify the case:		
Debtor 1 MED/20NE IMPRIMITIONAL INC.		
Debter 2 (Spouse, If filing)		
United States Bankruptcy Court for the: District of _NFVADA		
Case number BK-S 18-12662-LEB		

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AND FILED DLS
2018 SEP 7 PM 2 11
U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

#### Official Form 410

#### **Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Paritie Identify the C	Claim	
Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this cl.)  Other names the creditor used with the debtor	aim)
Has this claim been acquired from someone else?	No Yes. From whom?	
Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  JOSEPH GENEBE  Name  JOSEPH GENEBE  Number Street  EDISUN NJ 08837  City State ZIP Code  Contact phone 9/2 - 84/-3600  Contact email JOENG 19540 GNM - COM  Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Contact phone  Contact email
Does this claim amend one aiready filed?	No Yes. Claim number on court claims registry (if known)	Filed onMM / DD / YYYY
Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

**Proof of Ciaim** 

Fill in this information to identify the case:	
Debtor 1 Medizone International, Inc.	
Debtor 2 (Spouse, If filing)	_
United States Bankruptcy Court for the: District of NEVADA	
Case number <u>BK-S</u> 18-12662-LEB	

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AND FILED

2018 SEP 10 PM 2 24

U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

#### Official Form 410

#### **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Filt in all the information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

I	Part 1: Identify the Claim		
1.	Who is the current creditor?	Sherry M., Adler  Name of the current preditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor	
2.	Has this claim been acquired from someone else?	No D Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Sherry M. Adder  Name  Name  Name  Name  Number Street  Street  Street  Coak ley Ave.  Number Street  Contact phone  Contact phone  Contact email  Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
4.	Does this claim amend one already filed?	No  If Yes. Claim number on court claims registry (if known) Filed on	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No  Yes. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 

#### Case 1642662-421662-16451861aiEm84redF015/05/2/0.1/0.240:1743e-74.gof 3/8 of 98

Fill in this information to identify the case:		
Debtor 1 MEDIZONE INTERNATIONAL, INC.		
Debtor 2		
(Spouse, if filing)		
United States Bankruptcy Court		
Case number: 18–12662		

FILED
U.S. Bankruptcy Court
District of Nevada
9/11/2018
Mary A. Schott, Clerk

Official Form 410 Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Clair	II		
1.Who is the current creditor?	KENNETH D HOLROYD		
	Name of the current creditor (the person or entity to be pai	id for this claim)	
	Other names the creditor used with the debtor		
Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?		
Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
and payments to the creditor be sent?	KENNETH D HOLROYD	umerenty	
Federal Rule of	Name	Name	
Bankruptcy Procedure (FRBP) 2002(g)	419 BANNOCKBURN AVE AMBLER PA 19002–5806		
	Contact phone215–789–5077	Contact phone	
	Contact email	Contact email	
	Uniform claim identifier for electronic payments in chapte	er 13 (if you use one):	
Does this claim amend one already filed?	<ul><li>✓ No</li><li>☐ Yes. Claim number on court claims registry (if known</li></ul>	wn) Filed on	
		MM / DD / YYYY	
.Do you know if anyone else has filed a proof of claim for this claim?	☐ Yes. Who made the earlier filing?		

Official Form 410 Proof of Claim page 1

#### Case 1284.26.0821.20162.09 1883 ain 1286.09 198 1980.09 198 1980.09 198 1980.09 198 1980.09 198 1980.09 1980.00 1980.0

Fill in this information to identify the case:	
Debtor 1 MEDIZONE INTERNATIONAL, INC.	
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	
Case number: 18–12662	

FILED
U.S. Bankruptcy Court
District of Nevada
9/12/2018
Mary A. Schott, Clerk

Official Form 410
Proof of Claim

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

.Who is the current creditor?	JOASIA CARSON	
ordator:	Name of the current creditor (the person or entity to be pa	aid for this claim)
	Other names the creditor used with the debtor	
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?	
3.Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
and payments to the creditor be sent?	JOASIA CARSON	umerent)
Federal Rule of	Name	Name
Bankruptcy Procedure (FRBP) 2002(g)	P O BOX 2147 MILL VALLEY CA 94942	
	Contact phone4154569066	Contact phone
	Contact email	Contact email
	Uniform claim identifier for electronic payments in chapt	ter 13 (if you use one):
Does this claim amend one already filed?	No No Yes. Claim number on court claims registry (if kno	own) Filed on
.Do you know if anyone	₽ ✓ No	MM / DD / YYYY
else has filed a proof of claim for this claim?	☐ Yes. Who made the earlier filing?	

Official Form 410 Proof of Claim page 1

Proof of Claim	077 CO11 04/16
Official Form 410	MARY ANIRUP PM I SO
United States Bankruptcy Court for the: District of NRUAD A  Case number 18-12662-LEB	LIS. SEP 13 PILED DLS
Debtor 2 (Spouse, if filing)	20 ARECO DE
Debtor 1 Madizono Futurational INC.	EFN 87-0412648
Fill in this information to identify the ages.	

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the	Claim			
Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this cl.  Other names the creditor used with the debtor	aim)		
Has this claim been acquired from someone else?	No Prom whom?			
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  ANA GUENTIN  Name  2 (3 0 ARA) YN WAY  Number Street  Street  City State  Contact phone 8018886280  Contact email dentifier for electronic payments in chapter 13 (if you use	Contact email	State	ZIP Code
Does this claim amend one already filed?	☑ No ☑ Yes. Claim number on court claims registry (if known)		Filed on MM / DO	/ <del>YWY</del>
5. Do you know if anyone else has filed a proof of claim for this claim?	No Ves. Who made the earlier filing?			

Official Form 410

Proof of Claim



Fill in this information to identify the case:
Debtor 1 Mcdizone International, Inc.
Debtor 2 (Spouse, If filing)
United States Bankruptcy Court for the: District of Nevada
Case number BK-S 18-12662-LEB

RECEIVED DLS
AND FILED
2018 SEP 13 PM 1 53
U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

#### Official Form 410

#### **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

1	Part 4: Identify the C	taim			
1.	Who is the current creditor?	Margan and Ruth C'Shea Name of the current creditor (the person or entity to be paid for this clai Other names the creditor used with the debtor			
2.	Has this claim been acquired from someone else?	No Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Margan and Ruth O'Shea  Name  105 Nightingsle Ave.  Number Street  Street  Number Street  State  ZIP Gode  Contact phone  617-479-03X6  Contact email Mooshea Ocomcast. Net  Uniform claim identifier for electronic payments in chapter 13 (if you use	Name Number City Contact phone Contact email	Id payments to the creditor be	ZiP Code
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	/ YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

Official Form 410

**Proof of Claim** 

Fill in this information to identify the ca	Sc.
Deblor 1 Medizone	INTER NO TIONAL
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:  Case number 3 K-5 18-	District of <u>Nevada</u> 12662-LEB

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2018 SEP 13 PM 1 53

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

#### Official Form 410

#### **Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	eart it identify the C	aim
4	Who is the current creditor?	Manbeth Kambitsch  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor
2.	Has this claim been acquired from someone else?	No Yes. From whom?
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Manbeth Kambitsch  Name  2613 COMANCHE DR  Number Street  City State ZIP Code  Contact phone  Contact email  Uniform claim identifier for electronic payments in chapter 13 (if you use one):
4.	Does this claim amend one already flied?	No  Yes. Claim number on court claims registry (if known) Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?

Official Form 410

Proof of Claim

2 F				
Fill in this information to	identify the case:			
Debtor 2 (Spouse, if filing)  United States Bankruptcy Co	No. noda	RECEIV	/ED	
Official Form 41		2018 SEP 14 A	FD ULS	
Proof of Cla	_	U.S. BANKRUPTC	11 02	04/16
Filers must leave out or redocuments that support the mortgages, and security ag explain in an attachment.  A person who files a fraudu	ore filling out this form. This form is for making a claim for point of an administrative expense. Make such a request accordance information that is entitled to privacy on this form or on any claim, such as promissory notes, purchase orders, invoices, item reements. Do not send original documents; they may be destructed that claim could be fined up to \$500,000, imprisoned for up to 5 y about the claim as of the date the case was filed. That date is	attached documents. Attac nized statements of running oved after scanning. If the c ears, or both. 18 U.S.C. §§	th redacted copies of accounts, contracts, documents are not av	any judgments, railable,
1. Who is the current creditor?  2. Has this claim been acquired from someone else?	Name of the current creditor (the person or entity to be paid for the class of the current creditor used with the debtor  Other names the creditor used with the debtor  Yes. From whom?	1/1/1	oigno	
8. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  A HUMBER Street  SULLY Number Street  SULLY State ZIP Code  Contact phone 518-767-5572  Contact email CMCQMP35@yahoaCom	Where should payments different)  Name  Number Street  City  Contact phone  Contact email	s to the creditor be	Sent? (if
. Does this claim amend one already filed?	Uniform claim identifier for electronic payments in chapter 13 (if you us		iled on	/ YYYY
i. Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?	_	MM / DD	7 1111

Official Form 410

Proof of Claim

Fill in this info	rmation to identify the case:
Deblor 1	Medicone International In
Debtor 2 (Spouse, if filing)	
United States Bar Case number	BK-S 18 12662—LEB

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2018 SEP 14 AM 11 01

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

Official Form 410

#### **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

F	art is Identify the C	Claim			
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this cla	en Jr		
2.	Has this claim been acquired from someone else?	No Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Rudolph k. Pauben Jr.  Name  Number Street  Loudonville NY Irril	Where should different) Name Number	d payments to the creditor	be sent? (if
		Contact phone 518-438-7629  Contact email rowlsen1@nycup.rr	Contact phone Contact email	State	ZiP Code
		Uniform claim identifier for electronic payments in chapter 13 (if you us	se one):		
4.	Does this claim amend one already filed?	No Q Yes. Claim number on court claims registry (if known)		Filed on MM / DD	) / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

Official Form 410

Proof of Claim

Fill in this information to identify the case:	
Deblor 1 MEDIZONE INTERNATIONAL INC.	
Debtor 2 (Spouse, if Titing)	
United States Bankruptcy Court for the: District of NEUAD A	
Case number BK-S 18-12662-LEB	

RECEIVED AND FILED

2018 SEP 14 AM 11 17

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

#### Official Form 410

#### **Proof of Claim**

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Fill in all the Information about the claim as of the date the case was filled. That date is on the notice of bankruptcy (Form 309) that you received.

creditor?	Name of the current creditor (the person or entity to be paid for this cla  Other names the creditor used with the debtor  PEG6	ST. JOHN	
Has this claim been acquired from someone else?	No Yes From whom?		
Where should noticos and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  RONALD ST. JOHN  Name  1320 POTTER DRIVE  Number Street  MANOTICK ONTARIO KYMICLO City CANADA State ZIP Code  Contact phone 613 - 692 - 0636  Contact email YOYALSSTORM WAIL. COM	Where should payments to the different)  Name  Number Street  City State  Contact phone	
	Uniform claim identifier for electronic payments in chapter 13 (if you us	e one):	
. Does this claim amend one already filed?	Uniform claim identifier for electronic payments in chapter 13 (if you us  No  Yes. Claim number on court claims registry (if known)	e one): Filed on	MRM / DD / YYYY
			MM / DD / YYYY

000039

Fill in this information to the second of th	<mark>/0.5/2/21/0</mark> .240:170ageP2agon&156, of 98	
Derior 1 PORDING VOLLAN	Medizone International	
Debior 2 1RM V DUEN (DIECE LETE)	RECEIVED	
United States Bankruptcy Court for the:  District of NEVADA	AND FILED	
Case number BK S 18 12662 LEB	2018 SEP 21 AM 11 56	

Official Form 410

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

#### **Proof of Claim**

04/16

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Fill in all the Information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

. Who is the current creditor?	SOLOMON VOLEN  Name of the current creditor (the person or entity to be  Other names the creditor used with the debtor		aim) OLEN (JE	CL CLEO)	
Has this claim been acquired from someone else?	No Yes. From whom?				
Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sen	1?	Where should different)	payments to the creditor b	e sent? (if
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	SOLOMON VOLEN Name 11921 COVERT RD.		Name		Panasana nga nga nga nga nga nga nga nga nga
(Fridity Eddzigy	Number Street  P+++-A+- P++ City State	19.154	Number 5	Street	
	Contact phone 2156371176  Contact email N3UBY & ARRL.		City  Contact phone  Contact email	State	ZIP Code
	Uniform claim identifier for electronic payments in cha	pter 13 (if you us	se one);		
Does this claim amend one already filed?	No Yes. Claim number on court claims registry	/ (if known)		Filed on \$ 30	17018
Do you know if anyone else has filed a proof of claim for this claim?	No Q Yes. Who made the earlier filing?				

Official Form 410

Proof of Claim

Fill in this info	rmation to identify the case:
Debtor 1	Medizone Intervational
Debtor 2 (Spouse, if filing)	<u> </u>
United States Ba	nkruptcy Court for the: District of Nevada
Case number	18-12662-1eb

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U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

#### Official Form 410

#### **Proof of Claim**

04/16

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill In all the information about the claim as of the date the case was flied. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim				
Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this classes)  Other names the creditor used with the debtor	aim)		
Has this claim been acquired from someone else?	ØNo ☐ Yes. From whom?			
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  David Krombeen  Name  1557 Lakeside Dr.  Number Street  Hudsonville MT 49436  City State ZiP Code  Contact phone 616-540-5509  Contact email PKrombeen Code  Uniform claim identifier for electronic payments in chapter 13 (if you us	Contact email	State	ZIP Code
Does this claim amend one aiready filed?	No Yes. Claim number on court claims registry (if known)		Filed on MM / DD	/ YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

Official Form 410

**Proof of Claim** 

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Case 1643642 42662 heb 186 laim ered 100 177 7/130: Rage 1 of 58 of 98

4/6

Fill in this informat	on to identify the case.
Debroi 1	TEOIZONE /MYBENATIONE INC.
Dabtor 2 Spouse, diffings	
United States Bankrups	Cy Court for the. District of USBC
Gasa number	3K-5 18 12662 LEB

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Official Form 410

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U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK Proof of Claim

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Read to a Seculiar Se

Filers must leave out or redact information that is entitled to crivacy on this form or on any attached occuments. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning, if the cocuments are not available, explain in an attachment.

NOO XVEAN MAMM

A person who files a fraudulent claim could be fined up to \$590,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	art identify the C	laim	U.S B	E E
1	Who is the current creditor?	Name of the durrent creditor (the retson or out vinice field for this claim)  Other names the creditor used with the debter	BANKE RY A. S	AND SEP 27
2	Has this claim been acquired from someone else?	No Yes. From whom?	CHOTT.	FILED FILED
3	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  Where should payments to different)  Whare should payments to	the crepitor &	sent?
	Federal Rule of Bankruptcy Procedure (FRSP) 2002(g)	Name  2241 WESTANCE LANE  Number Street  USCILLARE VILL CAL 91361	III	
	2		State	Z'P Code
		Uniform dairn-dentifier for electronic payments in chapter 13 (if you use one):		
4	Does this claim amend one already filed?	No  Yes. Claim number on court daims registry (if known) Filed	OR VIN RO	1 7777
5	Do you know if anyone else has filed a proof of claim for this claim?	Yes Who made the earlier filing?		

Fill in this information to identify the case:	R
Doblor 1 Medizone International Inc. (Medizone"	At
Debtor 2 (Spouse, if filing)	2019 JAN 2
United States Bankruptcy Court for the: District of Nevada	
Case number	U.S. BANK MARY A.S

RECEIVED
AND FILED DLS
JAN 28 PM 2 28
BANKRUFTOY COURT
RY A. SCHOTT, CLERK

#### Official Form 410

#### **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim			
Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this cl	aim)	
Has this claim beer acquired from someone else?	No Yes. From whom?		
3. Where should notic and payments to the creditor be sent? Federal Rule of Bankruptcy Procedu (FRBP) 2002(g)	Pauline L. King	Number Street  City State ZIP Code  Contact phone  Contact email	
4. Does this claim am one already filed?	end No Yes. Claim number on court claims registry (if known)	Filed on	
5. Do you know if any eise has filed a pro of claim for this cla	of Yes Who made the earlier filling?		

Official Form 410

Proof of Claim

Fill in this information to identify the case:	RECEIVED
Debtor 1 Medizone International Instance	AND FILED
Debtor 2 (Spouse, if filing)	2019RETURNE
United States Bankruptcy Court for the: District of	U.S. D. Harris and Court
	MARY A. SOUNCE CLERK

Official Form 410

#### **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3571.

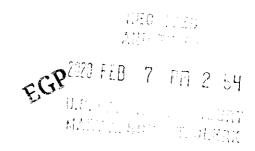
Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	Part 1: Identify the C	laim	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor	im) A TO THE
2.	Has this cialm been acquired from someone else?	■ No ■ Yes. From whom?	2020
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Parame  Name  Number Street  City State ZIP Code  Contact phone  Contact email  Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditarible sent? (if different)  Name  Number Street  City State ZIP Code  Contact phone  Contact email
4.	Does this claim amend one already filed?	■ No □ Yes. Claim number on court claims registry (if known)	Filed on MM / DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

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Proof of Claim

Fill in this in	formation to identify the case:
Debtor 1	Peul D Borcharett
Debtor 2 (Spouse, if filing)	
United States	Bankruptcy Court for the: District of Mexical a
Case number	BK-9 18-12662-LEB



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#### **Proof of Claim**

04/16

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

F	art 1: Identify the C	laim	
1.	Who is the current creditor?	Paul Dar Index Line  Name of the current creditor (the person or entity to be paid for this clai  Other names the creditor used with the debtor	m)
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Faul of Paula Bornhard + Name PC Box 2509  Number Street  Amarillo TX 79105  City State ZIP Code  Contact phone 806680 2600  Contact email Paula Wernhard and furk.  Com  Uniform claim identifier for electronic payments in chapter 13 (if you use	
4.	Does this claim amend one already filed?	No Pes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No ☐ Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

### EXHIBIT "3"

Jason A. Imes, Esq., NV Bar No. 7030
Schwartzer & McPherson Law Firm
2850 South Jones Boulevard, Suite 1
Las Vegas NV 89146-5308
Telephone: (702) 228-7590
Facsimile: (702) 892-0122
E-Mail: bkfilings@s-mlaw.com
Counsel for Lenard E. Schwartzer, Trustee

#### UNITED STATES BANKRUPTCY COURT

#### DISTRICT OF NEVADA

In re:	Case No. BK-S-18-12662-ABL			
MEDIZONE INTERNATIONAL, INC.,	Chapter 7			
Debtor.	[ PROPOSED ] ORDER GRANTING OMNIBUS OBJECTION FOR AUTHORITY TO DESIGNATE CERTAIN PROOFS OF CLAIM AS SHAREHOLDER INTERESTS (FRBP 3007(d))			
	Hearing Date: June 10, 2020 Hearing Time: 9:30 a.m.			

The Trustee's Omnibus Objection to Designate Certain Claims as Shareholder Claims (the "Omnibus Objection") [ECF No. \_\_\_ ] having come before this Court on \_\_\_\_\_, 2020; Lenard E. Schwartzer (the "Trustee"), Chapter 7 Trustee, appearing by and through his counsel, Jason A. Imes., Esq., of the Schwartzer & McPherson Law Firm; other parties appearing as noted on the record; the Court finding that notice has been given to all creditors and parties in interest as required by law, there being no opposition, the Court having made its findings of fact and conclusions of law upon the record which are incorporated herein pursuant to Federal Rules of Bankruptcy Procedure 9014(c) and 7052, and for good cause appearing,

IT IS HEREBY ORDERED that the Trustee's Omnibus Objection is GRANTED; and

IT IS FURTHER ORDERED that for purposes of distribution of the assets of this bankruptcy estate, the following 77 proofs of claim filed herein shall be deemed timely filed proofs of shareholder equity security interests rather than proofs of claim pursuant to Fed. R. Bankr. P. 3007:

Claim No.	Claimant	Date Filed	Amount Claimed	
4	Hans Peter Peters	06/07/2018	\$	86,250.00
7	Stephanie Freeman	06/26/2018	\$	0.00
8	Tevon (Dedona) Davis, Tevon Mertz	06/25/2018	\$	0.00
9	Thomas Booth Harris	06/25/2018	\$	21,776.85
10	Robert A Kelley	06/25/2018	\$	750.00
11	David E. Arthur	06/25/2018	\$	500.00
12	Thomas Booth Harris	06/25/2018	\$	21,776.85
13	Darlene M. Laino-Kuren	06/25/2018	\$	0.00
14	Daniel Durica & Rosemary T. Durica JTTEN	06/25/2018	\$	2,500.00
15	John S. and Sally J. Washburn JT TEN	06/26/2018	\$	0.00
16	Batty A. and Cynthia L. Fadden	06/26/2018	\$	0.00
17	Nancy E. Miller	06/27/2018	\$	500.00
18	Stephanie Freeman	06/28/2018	\$	0.00
19	Dorothy J. Jackson	06/28/2018	\$	500.00
20	Richard L. and Lorna J. Johnson	06/28/2018	\$	0.00
21	Thelma Jo Bennett, Theodore Grant Bennett (deceased)	06/29/2018	\$	0.00
22	Greg M. Conger	07/02/2018	\$	10,699.48
23	The Sunset Trust, Maud P. Leonard, deceased, Russell L. Leonard	07/02/2018	\$	0.00
24	Patsy Wong	07/02/2018	\$	955.63
25	Joel Savitch	07/02/2018	\$	0.00
26	Deborah L. Perri	07/02/2018	\$	0.00
27	Guenter B. Moldzio, c/o Andria Moldzio, Trustee	07/02/2018	\$	5,000.00
28	Carla G. Brunner	07/02/2018	\$	100.00
29	Manuel Perea	07/05/2018	\$	500.00
30	Peter and Sheila DiPiazza	07/05/2018	\$	0.00

# SCHWARTZER & MCPHERSON LAW FIRM 2850 South Jones Boulevard, Suite 1

Las Vegas, Nevada 89146-5308 Tel: (702) 228-7590 · Fax: (702) 892-0122	
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31	George James Kamoutsis	07/06/2018	\$ 500.00
32	Bruce Oryson	07/11/2018	\$ 761.00
33	Elaine Parenteau	07/12/2018	\$ 500.00
35	Joseph V. Martin	07/13/2018	\$ 575,000.00
36	Harriet Gertner	07/13/2018	\$ 0.00
37	Erika Varble	07/16/2018	\$ 951.60
38	Thelma Jo Bennett, Theodore Grant Bennett (deceased)	07/16/2018	\$ 72,350.00
39	Daniel M. Newman	07/16/2018	\$ 0.00
40	Timothy R. Ryan	07/16/2018	\$ 3,000.00
41	William Leslie Stoodard	07/17/2018	\$ 0.00
44	Vincent Fam. Trust	07/19/2018	\$ 10,000.00
45	Valery Warble	07/20/2018	\$ 951.60
47	David Anthony Gaughan	07/20/2018	\$ 1641.20
48	Arthur Allison Wills III	07/23/2018	\$ 0.00
49	Billy Erwin	07/26/2018	\$ 151,500.00
50	Brian Couture	07/26/2018	\$ 261,500.00
51	Peter Schoener	07/27/2018	\$ 83,000.00
52	Jacqueline Rose	07/30/2018	\$ 633.00
53	Fred Schneider	07/30/2018	\$ 441.00
54	Donald G. Smith	07/31/2018	\$ 750.00
55	Donna M. Teada	08/01/2018	\$ 0.00
57	Lawrence Walter Cooke & Constance Mary Cooke JT TEN	08/03/2018	\$ 11,665.00
58	Betty Jane Cecil	08/06/2018	\$ 5,020.00
59	Kathryne O'Connell	08/06/2018	\$ 52,000.00
60	Ronald R. Coomber & Claire T. Coomber JTWROS	08/07/2018	\$ 36,599.00
61	Jim Carroll	08/13/2018	\$ 10,000.00
62	Nancy A. Penza	08/13/2018	\$ 0.00
63	James Bellman, Deneen Bellman	08/13/2018	\$ 11,502.10
64	Ruby M. Boecker	08/13/2018	\$ 1,000.00
65	James Richard Campbell	08/17/2018	\$ 0.00

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66	Peter M. Mullarkey & Annette J. Mullarkey	08/17/2018	\$ 6,500.00
67	Thomas G. Beaumont, Mary B. Beaumont	08/20/2018	\$ 500.00
69	Cindy Shelter Varble	08/29/2018	\$ 951.60
70	Dyke R. Varble	08/29/2018	\$ 951.60
71	Linda Patow	08/29/2018	\$ 10,000.00
73	Robert McGuire	09/04/2018	\$ 0.00
77	Henry L. Kozloski	09/10/2018	\$ 800.00
78	Joseph Gehebe	09/07/2018	\$ 750.00
79	Sherry M. Adler	09/10/2018	\$ 2,300.00
81	Kenneth D. Holroyd	09/11/2018	\$ 22,000.00
82	Joasia Carson	09/12/2018	\$ 0.00
83	Dana Guertin	09/13/2018	\$ 1,500.00
84	Morgan and Ruth O'Shea	09/13/2018	\$ 540.00
85	Maribeth Kambitsch	09/13/2018	\$ 3,647.76
86	Catherine M. Campigno & Anthony M. Campigno	09/14/2018	\$ 425.00
87	Rudolph K. Paulsen, Jr.	09/14/2018	\$ 581.25
88	Ronald St. John	09/14/2018	\$ 0.00
89	Solomon Volen & Irma Volen JT TEN	09/21/2018	\$ 200.00
90	David M. Krombeen	09/24/2018	\$ 12,880.00
91	Renee Paulson	09/27/2018	\$ 250,000.00
92	Pauline L. King	01/28/2019	\$ 0.00
93	Paul D. Borchadt and Paula R. Borchadt	02/07/2020	\$ 30,595.00

Submitted by:

Jason A. Imes, Esq. Schwartzer & McPherson Law Firm 2850 South Jones Blvd., Suite 1 Las Vegas NV 89146 Attorneys for Lenard E. Schwartzer, Trustee

## 2850 South Jones Boulevard, Suite 1 Las Vegas, Nevada 89146-5308 Tel: (702) 228-7590 · Fax: (702) 892-0122

Local Rule 9021 CERTIFICATION
In accordance with LR 9021, counsel submitting this document certifies that the orde accurately reflects the court's ruling and that (check one):
The court waived the requirement of approval under LR 9021(b)(1).
No party appeared at the hearing or filed an objection to the motion.
I have delivered a copy of this proposed order to all counsel who appeared at the hearing, and any unrepresented parties who appeared at the hearing, and each has approved or disapproved the order, or failed to respond, as indicated above.
I certify that this is a case under Chapter 7 or 13, that I have served a copy of this order with the motion pursuant to LR 9014(g), and that no party has objection to the form or content of the order.
Jason A. Imes, Esq. Schwartzer & McPherson Law Firm
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